### Integrating Behavioral Health Into Safety Net Primary Care Settings The Role of HRSA in Supporting Education and Practice

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# HRSA-Funded Safety Net Providers and the Need for Integrated Care

Access to care and a qualified and available workforce to meet the need.

- HIV/AIDS Providers Organizations
- Maternal and Child Health
- Health Centers
- Rural Health
- Health Professions Training and Education
- Integrating Care







### HRSA – Ryan White HIV/AIDS Program

- Provides primary health care, support services, and life-sustaining medications for nearly 500,000 people living with HIV (more than half of all people living with diagnosed HIV infection in the United States).
  - Mental Health Services were provided by about 75% of Ryan White HIV/AIDS provider organizations (CY 2014).
  - Substance Abuse Services were provided by about 34% of Ryan White HIV/AIDS provider organizations (CY 2014).
- Medication Assisted Treatment JAIDS, 2011, Vol: 56:S98;
- Special Projects of National Significance Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations (2012-2016);



#### **HRSA - Maternal and Child Health**

- HRSA MCH Programs serve more than 43 million women, infants and children annually.
- HRSA Healthy Start- there are 105 Healthy Start sites providing Educational Activities for Women in Areas with High Infant Mortality and Shortages of Health Care Providers;
  - Community-Based Outreach/Case Management;
  - Behavioral Health Screening;
- Maternal, Infant, and Early Childhood Home Visiting Program:
  - Funds States to provide evidence-based home visitation services to improve outcomes for children and families who reside in at-risk communities
- Bright Futures Guidelines (Initiated by HRSA's MCH Bureau):
  - Since 1995, more than 1.3 million copies of the guidelines distributed.
  - Important chapter discussion on drug and alcohol use/mental health screening of youth.



# Health Center Program Increase Access: Growth

Over 1,300 health centers operate more than 9,000 service delivery sites that provide care to over
 23 million patients in every state, DC, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

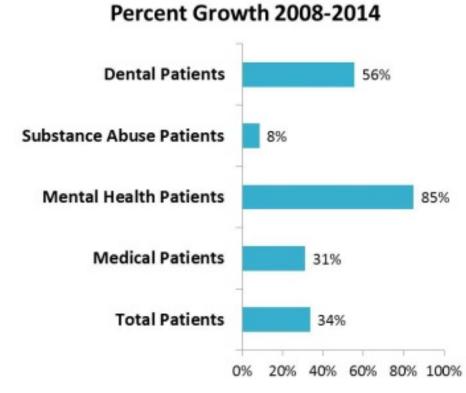
#### 23. million patients

- 92% Below 200% Poverty
- 28% Uninsured
- 62% Racial/Ethnic Minorities

#### **Behavioral Health Service Delivery**

- Almost 69% of health centers provide mental health treatment or counseling services on-site. In 2014, there were over 13 million mental health visits.
- 36% of health centers provide substance abuse counseling and treatment on-site. In 2014, there were over 4 million visits for substance abuse services.
- More than 7,200 behavioral health providers (physicians, psychologists, LCSW, counselors, etc.) work in health centers (2104).

(Data Source: UDS 2014)





# Health Center/Behavioral Health Integration (BHI) Awards

- **BHI awards** will improve and expand the delivery of behavioral health services through the integrated primary care and behavioral health at existing Health Center Program grantee sites.
  - Total awards: 430 awards
  - Maximum of \$250,000 per award
  - Project period: August 1<sup>st</sup>, 2014 July 31<sup>st</sup>, 2016
- Increase in the number of patients screened via Screening, Brief
   Intervention, and Referral to Treatment (SBIRT)
- Hire 1.0 FTE Licensed Behavioral Health Provider
- Proposed and Implement an Integrated Care Model



## FY 2016 Substance Abuse Expansion Grant Health Centers

#### **Purpose:**

Improve and expand the delivery of substance abuse services in existing health centers, with a focus on Medication-assisted Treatment (MAT) in opioid use disorders

#### **Funding Opportunity Summary:**

- Total awards: 271 awards
- Maximum of \$325,000 per award
- Project period: March 1, 2016 February 28, 2018



## Substance Abuse Expansion Grant Requirements Health Centers

- Establish or enhance an integrated primary care/behavioral health model;
- 2. Increase the number of patients screened for substance use disorders and connected to treatment via SBIRT and other evidence-based practices;
- 3. Increase the number of patients with health center- funded access to MAT;
- Coordinate services necessary for patients to achieve and sustain recovery;
- 5. Provide training and educational resources.





### **Rural Health Policy**

- Rural Opioid Overdose Reversal Program Each of the 18 grantees received \$100,000 for one year to develop community-level partnerships comprised of emergency local responders, schools, fire departments, police departments, and other private or public non-profit entities involved in the prevention and treatment of opioid overdoses.
- Publications on behavioral health and substance use in rural America, including:
  - Integrating Primary Care and Mental Health: Current Practices in Rural Community Health Centers (<u>www.raconline.org</u>)
  - 2014 Update of the Rural-Urban Chartbook (Provides a rural-urban analysis on numerous health indicators and outcomes, including prevalence of mental illness, substance abuse treatment, and other pertinent information) <a href="https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf">https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf</a>





# Bureau of Health Workforce Health Professions Training Programs

**The Bureau of Health Workforce** (BHW) increases access by developing, distributing and retaining a diverse, culturally competent workforce. BHW grants improve access to health care by helping health professions training programs address some of the most pressing needs across the U.S. health workforce.

- <u>Training Grants</u> Health Professions: including Physician and Nursing Workforces;
- Grant Program with a Specific Behavioral Health Focus:
  - Graduate Psychology Education Grant/Behavioral Health Workforce Education and Training Programs
    - •Internships/Field Placements to strengthen the clinical field competencies of social workers and psychologists who pursue clinical service with high need and high demand population
  - Area Health Education Centers;
- <u>National Center for Workforce Analysis</u> provides modeling, and data collection to project current and future workforce demands; newly funded Behavioral Health Workforce Analysis Center.





## **Bureau of Health Workforce National Health Service Corps**

- NHSC Recruits fully-trained professionals to provide culturally competent, interdisciplinary primary health and behavioral health care services to underserved populations
- In return, the NHSC programs assists in the professionals' repayment of qualifying educational loans that are outstanding
  - 87% of NHSC clinicians continue to practice in underserved areas up to two years after they complete their service commitment.
- In fiscal year (FY) 2015, over <u>one in three</u> NHSC clinicians (3,371 out of nearly 9,683 as of September 2015) provided mental and behavioral health services. This includes: Psychiatrists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, Health Service Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, and Psychiatric Nurse Specialists.





### **Keep in Mind**

**Integrated Care Models** 

Workforce

Financing

**Clinical Practice** 

**Operations & Administration** 

Health & Wellness







## CIHS Integrated Health Education Curriculum and 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

www.integration.SAMSA.gov





### **Questions?**







#### **Contact Information**

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