Increasing Access to Behavioral Health Services

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Hal Zawacki
Public Health Analyst, San Francisco Regional Office
Health Resources and Services Administration (HRSA)
Increasing Access to Behavioral Health Services

Improving health and health equity through access to quality services, a skilled health workforce and innovative programs
Overview

• HRSA’s National/California Presence

• Behavioral Health Services
  - Community Health Centers
  - National Health Service Corps
  - Workforce Training and Education
  - Health Workforce Data and Analysis
  - HIV/AIDS
  - Maternal and Child Health
  - Rural Health

• Resources
• Over 24 million patients are served in nearly 1400 HRSA-funded health centers and more than 10,500 health care delivery sites.

• Over 500,000 people living with HIV/AIDS receive services through more than 900 HRSA-funded Ryan White Clinics. Two-thirds are members of minority groups. 93 California grants total $358.4 million.

• 50 million women, infants, children, and adolescents benefit from HRSA’s maternal and child health programs. 55 California grants total $132.7 million.

• More than 9,200 National Health Service Corps clinicians are working in underserved areas in exchange for loan repayment or scholarships. 634 NHSC Clinicians in California.
## HRSA Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>California (millions)</th>
<th>National (millions)</th>
<th>CA % of National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Active Grants</td>
<td>$1,928</td>
<td>$16,700</td>
<td>11.5%</td>
</tr>
<tr>
<td>Health Workforce</td>
<td>$116</td>
<td>$1,229</td>
<td>9.4%</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>$1,303</td>
<td>$10,317</td>
<td>12.6%</td>
</tr>
<tr>
<td>Grantees</td>
<td>176</td>
<td>1,362</td>
<td>12.9%</td>
</tr>
<tr>
<td>Health Center Sites</td>
<td>1,473</td>
<td>10,232</td>
<td>14.4%</td>
</tr>
<tr>
<td>Ryan White HIV/AIDS Program</td>
<td>$358</td>
<td>$2,822</td>
<td>12.7%</td>
</tr>
<tr>
<td>Healthcare Systems</td>
<td>$10</td>
<td>$72</td>
<td>13.9%</td>
</tr>
<tr>
<td>Maternal Child Health</td>
<td>$133</td>
<td>$1,974</td>
<td>6.7%</td>
</tr>
<tr>
<td>Rural Health</td>
<td>$9</td>
<td>$277</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Source – Data Warehouse, HRSA in Your State, 9/30/2016
Health Center Program

• Federally Qualified Health Centers (FQHC), Community Health Centers, Section 330 Health Centers

• Located in or serve a high need community

• Governed by a community board

• Provide comprehensive primary & preventive health care

• Enabling Services

• Provide services available to all with fees adjusted based on ability to pay.

• Meet other performance and accountability requirements regarding administrative, clinical, and financial operations
# Health Center Data

<table>
<thead>
<tr>
<th>HRSA Uniform Data System, 2015</th>
<th>California</th>
<th>National</th>
<th>CA % of National</th>
<th>CA Change From 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>4,065,289</td>
<td>24,295,946</td>
<td>16.7%</td>
<td>+61.2%</td>
</tr>
<tr>
<td>Poverty Level (known)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% and below</td>
<td>75.3%</td>
<td>70.9%</td>
<td>20.2%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>101% to 200%</td>
<td>20.3%</td>
<td>21.3%</td>
<td>18.2%</td>
<td>+1.9%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>4.3%</td>
<td>7.8%</td>
<td>10.7%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Insurance Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None/Uninsured</td>
<td>22.4%</td>
<td>24.4%</td>
<td>15.4%</td>
<td>-21.4%</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>62.5%</td>
<td>48.9%</td>
<td>21.4%</td>
<td>+23.5%</td>
</tr>
<tr>
<td>Best Served by language other than English</td>
<td>36.7%</td>
<td>22.8%</td>
<td>27.0%</td>
<td>-10.9%</td>
</tr>
</tbody>
</table>

Source – Data Warehouse, UDS 2015 & 2008
Health Center Behavioral Health Services

• Almost 83% of health centers provide mental health services on-site.

• 21% of health centers provide substance abuse services on-site.

• In 2015, there were over 15.5 million mental health visits and over 4.7 million visits for substance abuse services.
  • Almost 1 million visits in CA, 150% increase over 2008

• More than 7,700 behavioral health providers (including physicians, psychologists, LCSW, counselors) work in health centers (2015).
  • 150% increase in MH FTE’s since 2008 at California Health Centers.

(UDS Data 2015)
Health Center Behavioral Health Expansion

• Behavioral Health Services Expansion Grants:
  • Awards made in July and November 2014
  • Nationally: $105.9 million awarded to 431 health centers
  • California $14.2 million to 57 grantees

• Substance Abuse Services Expansion Grants:
  • Awards were made March 1, 2016
  • $94 million to fund 271 awards
  • California $12.6 million to 36 health centers.
National Health Service Corps

• The National Health Service Corps (NHSC) helps bring health care to those who need it most.

• Today, more than 9,200 NHSC clinicians provide culturally competent care to more than 10 million people. 634 NHSC Clinicians in California.

• In the 20 years since the NHSC made the first 5 NHSC loan repayment awards to behavioral health clinicians, that discipline has grown to over 30% of the total NHSC Field Strength, and represents the largest discipline of all NHSC providers.

• In fiscal year 2016, over one in three NHSC (3,662 out of nearly 10,493) provided behavioral health services. Of these 3,662 mental and behavioral health providers, 37% are in rural communities.
Health Professions Training and Education

• HRSA supports the development of a robust primary care workforce through Health Professions Training Grants.

• These programs advance the education and training of a 21st century health workforce and work to address existing and projected demand for skilled health professionals in high-need areas nationwide.

• In FY 2015 HRSA’s workforce programs trained approximately 4,000 new behavioral health providers to increase access to mental health services.

• Nearly 10 percent of FY 2015 workforce funding supported the training of behavioral health disciplines (includes physicians, and nurses and physician assistants with psychiatric specialties).
Health Professions Training and Education Program Examples

- **The Behavioral Health Workforce Education and Training Grant Program**
  - Supports the training of master’s-level behavioral health students and psychology doctoral interns (professionals) and students in community and technical colleges (paraprofessionals).

- **The Graduate Psychology Education Program**
  - Supports doctoral-level psychologists to provide behavioral health care to underserved and/or rural populations, in integrated primary and behavioral health settings.

- **The Primary Care Training and Enhancement Program**
  - Aims to strengthen the primary care workforce by supporting enhanced training, including a focus on behavioral health.

- **The Teaching Health Center Graduate Medical Education program**
  - Supports primary care residency programs focused in community-based settings. The program is currently supporting the training of 45 psychiatry residents in 4 newly established residency programs.
Health Workforce Data and Analysis

• National Center for Health Workforce Analysis, Data on Behavioral Health
  • Collects and analyzes health workforce data and information in order to provide information on health workforce supply and demand.
  • The Area Health Resources File expanded its focus on specific priority areas such as behavioral health workforce needs.

• “National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025”, November 2016
  • Baseline (2013) shortages in all types of behavioral health practitioners, with the problem most acute for psychiatrists; clinical psychologists; substance abuse and behavioral disorder counselors; mental health and substance abuse social workers; mental health counselors; school counselors.
  • By 2025, shortages are projected for all but two provider types—BH NPs and PAs.
Health Workforce Data and Analysis

- **Behavioral Health Workforce Research Center** - established in 2015
  - The mission of the Center is to help produce a behavioral health care workforce of sufficient size and skill to meet the nation's behavioral health needs.
  - The Center is housed at the *University of Michigan School of Public Health*

- **Mental Health Shortage Designation Data**
  - A Health Professional Shortage Area (HPSA) is a designation that is used to identify areas and population groups within the United States that are experiencing a shortage of health professionals, and target limited Federal resources to the highest need areas.
  - Currently, there are 453 mental health HPSAs in California.
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 illness occurs in persons living with HIV/AIDS at almost twice the rate as in the general population.

• For the Ryan White Program, mental health represents the third-highest category of visits and over 70,000 clients received mental health services in 2014.
HRSA’s maternal and child health programs serve more than 43 million women, infants and children annually.

• Maternal, Infant, and Early Childhood Home Visiting Program
  • Funds States to provide evidence-based home visiting services to improve outcomes for children and families who reside in at-risk communities.
  • Home visitors conduct screenings and provide referrals to address postpartum depression and substance abuse and connect families to other resources and services.

• Bright Futures Guidelines
  • Provides standards of preventive health services for children, adolescents, and young adults through the age of 21, recommends that primary care practitioners ask both parents and young people about sources of stress and behavioral health issues and follow up on issues identified.
Rural Health

• Per capita, there are fewer behavioral health providers (ranging from counselors to psychologists) in rural as compared to urban communities.

• HRSA has expanded support for providers in rural and isolated areas to improve patient care through the use of telehealth, telemedicine and health information technology.

• HRSA supports community-based grant programs designed to improve access to and coordination of care in rural communities
  • Rural Health Care Services Outreach Grant Program
  • Rural Network Development Grants
The 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.

Established in 2010 by SAMHSA and HRSA to meet the needs of behavioral health providers building primary care capacity.


- Integrated Care Models
- Operations & Administration
- Health & Wellness
- Workforce
- Financing
- Clinical Practice
Key Web Resources


- HRSA Grantees with Active Projects by Program or State: [http://granteefind.hrса.gov](http://granteefind.hrса.gov)

- HRSA’s Find a Health Center site: [http://findahealthcenter.hrса.gov](http://findahealthcenter.hrса.gov)


- Behavioral Health Integration with Primary Care Website: [http://bphc.hrса.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html](http://bphc.hrса.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html)

Contact Information

Hal Zawacki
Public Health Analyst, San Francisco Regional Office
Health Resources and Services Administration (HRSA)
Email: hzawacki@hrsa.gov
Phone: 415-437-7566
Web: hrsa.gov/about/organization/bureaus/oro/
Twitter: twitter.com/HRSAgov
Facebook: facebook.com/HHS.HRSA