



Behavioral Health Integration: Strategies and Opportunities for Community-Based Primary Care Providers

**National Healthcare for the Homeless Conference and Policy Symposium
Pre-Conference Institute**

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Vision: Healthy Communities, Healthy People



Overview

- HRSA Health Center Program Overview
- Behavioral Health Integration among HRSA-funded Health Centers
- Overview of Behavioral Health Integration (BHI) Listening Sessions
- Findings from BHI Listening Sessions (Major Themes)
- Implications/Next Steps



HRSA Strategic Goals



GOAL 1



Improve access to quality health care and services



GOAL 2



Foster a health care workforce able to address current and emerging needs



GOAL 3



Enhance population health and address health disparities through community partnerships



GOAL 4



Maximize the value and impact of HRSA programs



GOAL 5



Optimize HRSA operations to enhance efficiency, effectiveness, innovation, and accountability

HRSA Health Center Program Mission



Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

National Impact

More than **27 million** people – **1 in 12** people across the United States – rely on a HRSA-funded health center for care, including:

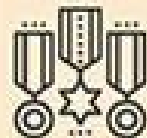
1 IN 9
CHILDREN



1 IN 5
RURAL RESIDENTS



1 IN 3
LIVING IN POVERTY



More than 355,000
VETERANS



ABOUT 3.5 MILLION
PUBLICLY HOUSED



NEARLY 1.4 MILLION
HOMELESS



NEARLY 1 MILLION
AGRICULTURAL WORKERS



MORE THAN 800,000
SERVED AT SCHOOL-BASED HEALTH CENTERS

2017 MDS Data



Source: Uniform Data System, 2017





Investing in Substance Use Disorders and Behavioral Health Care

2014/2015

- Behavioral Health Integration (BHI) Awards
 - \$105M – 433 awards

2016

- Substance Abuse Service Expansion (SASE) Awards
 - \$94M – 271 awards

2017

- Access Increases for Mental Health and Substance Abuse Services (AIMS) Awards
 - \$200M - 1,174 awards

2018

- Substance Use Disorder and Mental Health Services Awards
 - \$350M – 1,232 awards

2019

- Integrated Behavioral Health Service (IBHS) Awards
 - \$200M - 1,375 awards



Mental Health Integration



In 2017, 66% of patients received depression screening and follow-up
↑ by 6%

Nearly 90% of Health Centers provided mental health services
↑ by 2%

Over 2 million mental health patients served
↑ by 15%

Mental health workforce of over 10,000 FTEs
↑ by 16%



Improving Care

- Universal, evidence-based screening & follow-up
- Two-generation approaches & trauma-informed care
- Spotlight on pregnant/parenting women and families

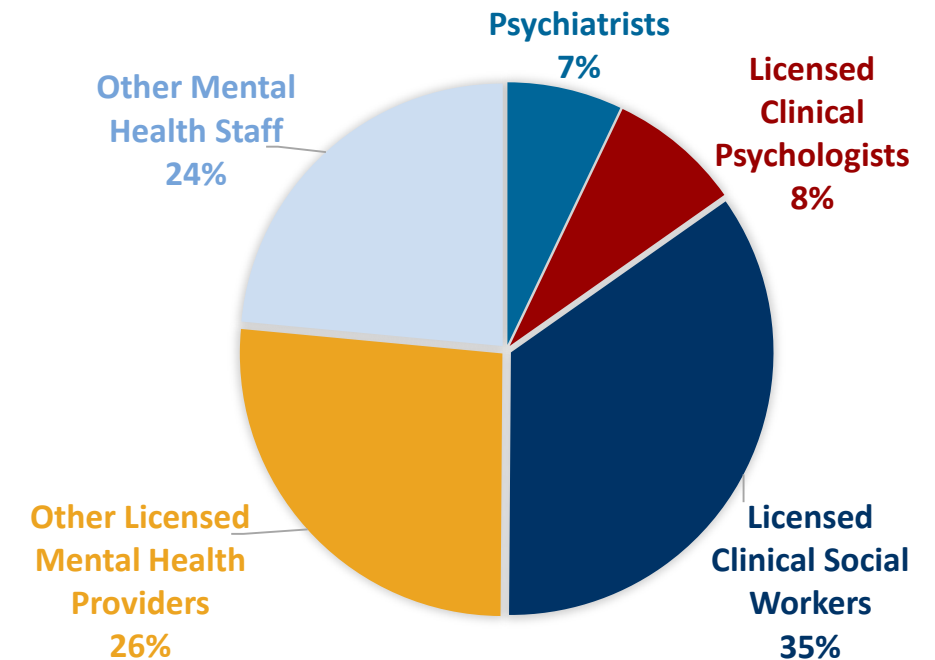
Expanding Services

- Promising practice in recruitment and retention of providers
- Use of tele-health for direct services and support functions (e.g., coaching, consultation, supervision)

Resources

- **Technical Assistance:** <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html>
- **HRSA's Health Workforce Connector:** <https://connector.hrsa.gov/connector/>

MENTAL HEALTH FTES 2017



Substance Use Disorder Services



In 2017, there were over **1.2 million** Substance Use Disorder (SUD) visits

of patients receiving SUD services
↑ by **19%** to **168,508** patients



IMPACT

22%

increase in SUD services staff
to 1,426 FTEs

75%

increase to 2,973 DATA- waived providers

65%

increase to 64,597 patients receiving MAT
services

2019 Training/Technical Assistance (T/TA):

- Share promising practices on trauma-informed care, treating pregnant women, clinical workflow and practice transformation, community-based partnerships/systems coordination and evidence-based, integrated care models
- Disseminate resources on SUD/MAT treatment stigma, pain management, Health IT enhancements, and reimbursement
- **Substance Use Warmline:** The Clinician Consultation Center offers free, real-time clinician-to-clinician telephone consultation focusing on substance use disorder evaluation & management for primary care clinicians.



Resources: <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/substance-use-disorder-primary-care-integration>



BHI (Supplemental Funding) Goals

The goals of the BHI were to :

1. Increase BHI adoption and enhancement
2. Foster collaboration in a fully integrated system
3. Add 1.0 FTE onsite behavioral health staff; and
4. Enhance training to support BHI and use of evidence-based practices.

BHI Listening Sessions

- From November 2016 to May 2017, the 433 BHI awardees were invited to engage in regional BHI Listening Sessions in each of the 10 U.S. Department of Health and Human Services Regions.
- The Listening Sessions were organized by the four focus areas of the funding
- Qualitative analyses used session transcripts to identify important themes
- Quantitative analyses examined access to BH services and depression screening and follow-up clinical quality measure performance using 2016 Uniform Data System (UDS) data.



Health Center Patient Characteristics

Characteristics	BHI Health Centers N=433		Other Health Centers N=937	
	Mean	SD	Mean	SD
Gender				
Female	56.7%	0.06	56.4%	0.07
Race/Ethnicity				
Hispanic*	31.1%	0.26	25.5%	0.27
Non-Hispanic White*	42.9%	0.30	48.6%	0.32
Non-Hispanic Black	23.3%	0.26	22.4%	0.27
Patients Best Served in a language other than English*	22.10%	0.23	17.4%	0.23
Age				
0-17 years	27.7%	0.12	26.2%	0.13
18-44 years	37.0%	0.08	37.0%	0.09
45-64 years*	26.4%	0.08	27.4%	0.08
65 and older	8.9%	0.03	9.6%	0.04
Medicaid*	47.2%	0.16	42.3%	0.20



Behavioral Health Services, Staffing, and Depression Screening

Behavioral Health	BHI Health Centers N=433	Other Health Centers N=937
Behavioral Health Visits	4,539,679	3,968,352
Behavioral Health Patients	957,391	831,186
Behavioral Health Full-Time Equivalents (FTEs)	4,728	4,464
Depression Screening and Follow-Up	63.8%	57.4%



Findings/Major Themes



Behavioral Health Integrated Care System

Integration Challenges

- Integrated Approach
- Culture Shift

Strategies and Opportunities

- Create new policies & procedures
- Co-Locate services
- Enhance Electronic Medical Records (EMRs) for shared decision-making
- Develop sustainable reimbursement models

Behavioral Health Workforce

Integration Challenges

- Recruitment
 - Staff not trained on the integrated approach
- Retention
- Specialty Training

Strategies and Opportunities

- Develop pipeline training on the integrated approach
- Hire bilingual & culturally competent staff
- Utilize paraprofessionals
- Contract for BH specialists
- Cross-train all staff

Evidence-Based Tools

Integration Challenges

- Ongoing training is needed on evidence-based BHI practices and tools for all staff

Strategies and Opportunities

- Conduct universal depression and Substance Use disorder (SUD) screenings
- Develop depression screening registries
- Enhance training to implement trauma-informed care approaches & co-manage chronic diseases

Health Information Technology

Integration Challenges

- EMR enhancements are needed for shared decision-making
- Data integrity training needed
- More support needed for telebehavioral health & telepsychiatry

Strategies and Opportunities

- Enhance EMR options to include patient alerts, telephone encounter documentation & ways to identify high-risk patients

Collaboration with Outside Entities

Integration Challenges

- Effective and sustainable community-based partnerships are needed
- Formal training opportunities for students needed on BHI

Strategies and Opportunities

- Partner w/ local schools, health departments, & key organizations to build community capacity
- Connect w/ local providers to encourage peer-to-peer learning
- Collaborate w/ local colleges and universities to develop pipeline training opportunities in health centers

Substance Use and Pain Management

Integration Challenges

- Stigma
- Hiring DATA-waivered providers
- Provider well-being
- Staff training on addiction and its community impact

Strategies and Opportunities

- Incorporate SUD screenings into behavioral health services
- Encourage realistic & optimistic coping mechanisms

Conclusions

- Approximately 40 percent (n=172) of the 433 BHI health centers participated on the Listening Sessions with a total of 456 participants.
- More than 50% of the health centers mentioned that recruitment and retention of qualified staff, ongoing training on evidence-based screening practices and BHI, reimbursement models, and enhancing clinical workflow through technology or physical space were priority areas to address
- The Listening Sessions also revealed that practice-specific, intensive training and technical assistance are needed.
- Health centers with BHI funding have higher proportions of depression screenings and behavioral health service visits, patients, and FTEs.



Implications and Next Steps

- HRSA's BHI Listening Sessions were a strategic effort to promote knowledge sharing among behavioral health providers and patient-centered care teams on the complexity of instituting or enhancing BHI and to begin capturing real-world strategies, challenges, and promising practices.
- Insight received from the Listening Sessions informs the development of strategic training and technical assistance opportunities that are offered to health center providers and their staff
- Next steps will be to advance knowledge on BHI implementation in health centers by examining data-driven approaches to BH and SUD integrated services and learning about the most effective ways that health centers are adopting technical assistance resources and best practices for their primary care teams.



Thank You!

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