



Primary Care and Behavioral Health Integration: Building Workforce Capacities Webinar

July 31, 2019

Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Webinar Purpose

- To highlight promising practices from HRSA-supported health centers around enhancing integrated behavioral health workforce capacity.
- To share behavioral health workforce resources.



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



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

Today's Speakers

Heart of Texas Community Health Center

- Lance Kelley, PhD
*Director of Human Behavior and Mental Health
Waco Family Medicine Residency Program*
- Becky Bell Scott, PhD
*Senior Lecturer, Diana R. Garland School of Social Work
Baylor University*

PrimaryOne Health

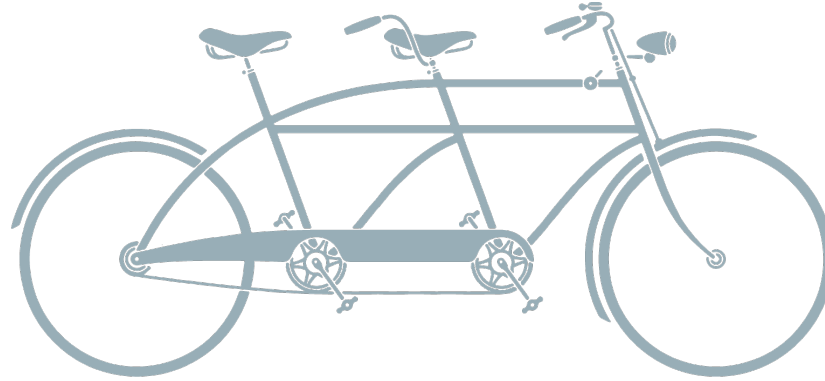
- Staci Swenson, MA, MSW, LISW-S
Director of Behavioral Health and Social Work

San Francisco Community Clinic Consortium

- Deena Lahn
VP, Policy and External Affairs
- Patricia Dunn, JD, MSW
VP, Administration

Hunter Health Clinic

- Kaitlin Boger, EdD, LMSW, LMAC
Director of Integrated Care



integrated health MANAGEMENT

- **Lance Kelley, PhD** Director of Human Behavior and Mental Health, Waco Family Medicine Residency Program; Director of Primary Care Behavioral Health, Waco Family Health Center
- **Becky Bell Scott, PhD** Senior Lecturer, Diana R. Garland School of Social Work, Baylor University; IHM Trainer, Waco Family Health Center

Waco Family Health Center Speakers



Becky Bell Scott, PhD

Senior Lecturer, Diana R. Garland School of
Social Work, Baylor University

IHM Trainer,
Waco Family Health Center



Lance Kelley, PhD

Director of Human Behavior and Mental Health,
Waco Family Medicine Residency Program

Director of Primary Care Behavioral Health,
Waco Family Health Center

Heart of Texas Community Health Center



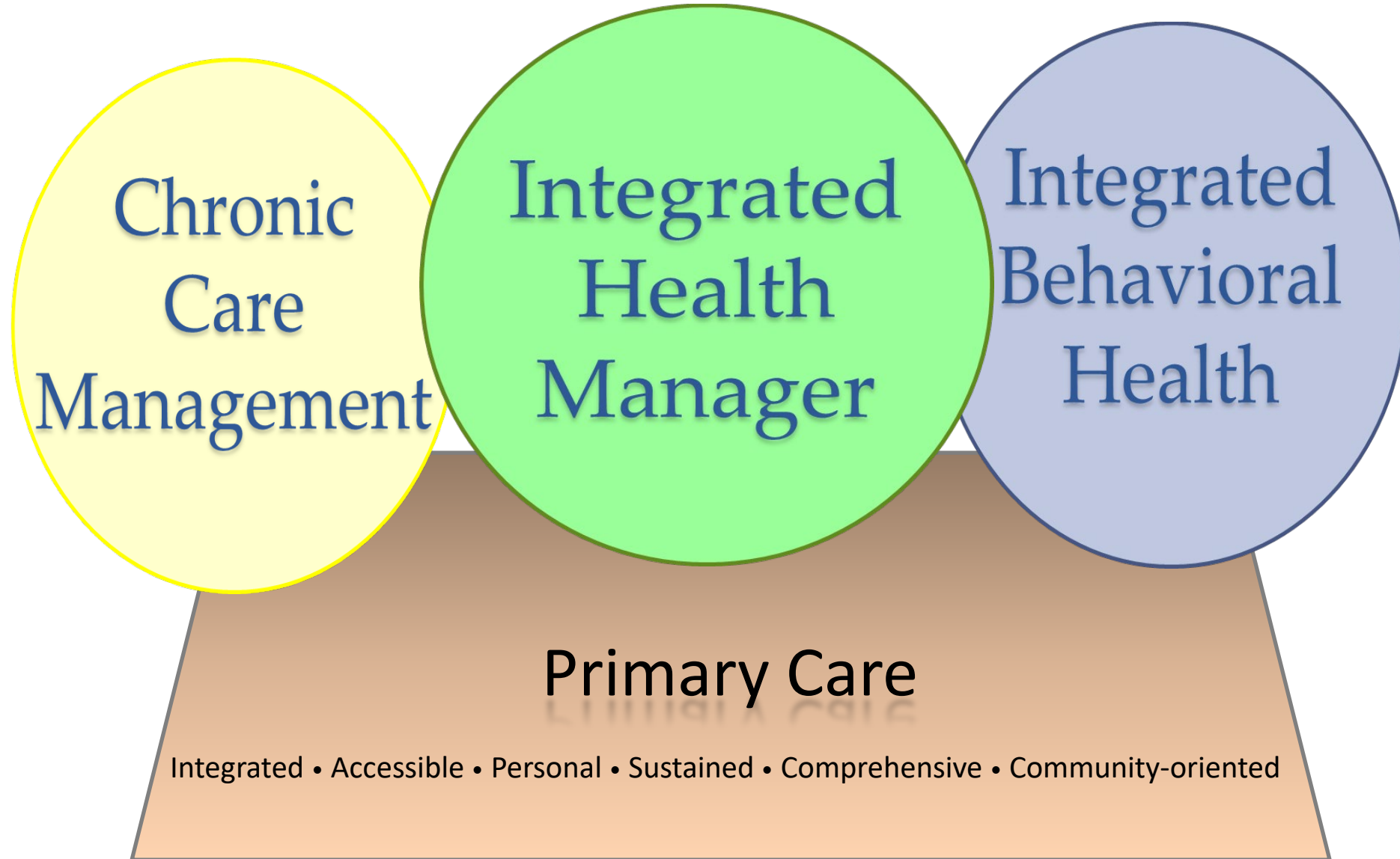
Who We Are

- Waco, Texas
- FQHC serving over 59,000
- 14 Clinical Sites
- Ethnically diverse
- 12 / 12 / 12 Family Medicine (FM) Residency
- Sends more graduates to health professional shortage areas (HPSAs) than any other in Texas

Key Partners

- Baylor University School of Social Work
- Massachusetts General Hospital Psychiatry Academy
- Duke University School of Medicine, Department of Psychiatry and Behavioral Sciences
- HRSA

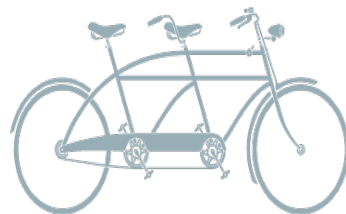
Integrated Health Managers: Bridging Primary Care, Chronic Care Management, and Integrated Behavioral Health



Integrated Health Manager (IHM)

Core primary care healthcare **team member** who serves as integrated behavioral health (IBH) provider and chronic care manager (CCM)

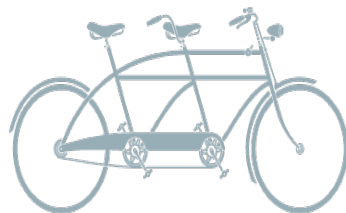
- ❑ Licensed Clinical Social Workers (LCSWs) ideal professional for the role
- ❑ Generalist training in mental health and advanced case management
- ❑ Social workers equipped to pay attention to macro and mezzo considerations that impact the delivery of micro services
- ❑ LCSW is trained and supported to work at the top of their license



Shared Care

What it is....

- Moves well beyond consultation and collaboration
- IHM assumes care for panel of patients
 - Providing IBH and Care Management (for physical and behavioral health) services when appropriate
- Bidirectional Warm Handoffs and Co-visits
- The Team determines who is seen



Outcomes....

- 9/14 clinics at shared care level
- ~2500 patient behavioral health encounters per IHM per year
- 85% result in a full behavioral health visit
- 75% are reimbursable
- 250% increase in behavioral health screening
- PCPs report the IHM is a vital team member
- PCPs report greater ability to address the gamut of patient needs
- Clinics without an IHM repeatedly request to add one to the team

Quality Assurance and Training

- **First, train the trainer**
- **Recruit** through professional networks, local university and online postings
- **Train the IHM**
 - Each IHM receives 4 weeks of individualized training in apprenticeship model
 - Standard syllabus: IBH models; Screening and brief intervention for most common medical and mental health diagnosis in primary care; Maximizing team based care
 - Training occurs in FM residency clinics
 - Most IHMs have completed 64 hour certificate program through Baylor University School of Social Work
- **Train the clinic team**
 - IHM receives 4 additional weeks of training with new clinic team with IHM trainer onsite
 - IHM trainer coaches other team members on maximizing the model and troubleshooting barriers

Ongoing Support, Internal Stepped Care, and Retention

- Real-time consultation with behavioral health leadership team
- Human Behavior and Mental Health Consultation Clinic
 - staffed by clinical psychologist and family medicine resident/faculty
- Clinical Decision Support Tools
- Pathways to more intensive psychotherapy services
- Bimonthly IHM meetings include ongoing training and case-consultation
- Stipend for trainings and certification in areas of practice interest (diabetes, insomnia)
- Generous benefits package
- Competitive salary
- Family parties

Financial Sustainability

- Reimbursement structure covers most salary expenses
- Use grant funding as seed money to establish reimbursable service expansion and some of the training expense
- Funding has included –
 - FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)
 - FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)



San Francisco Community Clinic Consortium (SFCCC)

San Francisco, CA

Building Workforce Capacities Webinar

July 31, 2019



SFCCC Speakers



Patricia Dunn, JD, MSW
VP, Administration



Deena Lahn
VP, Policy and External Affairs



San Francisco Community Clinic Consortium

Deena Lahn, VP, Policy & External Affairs

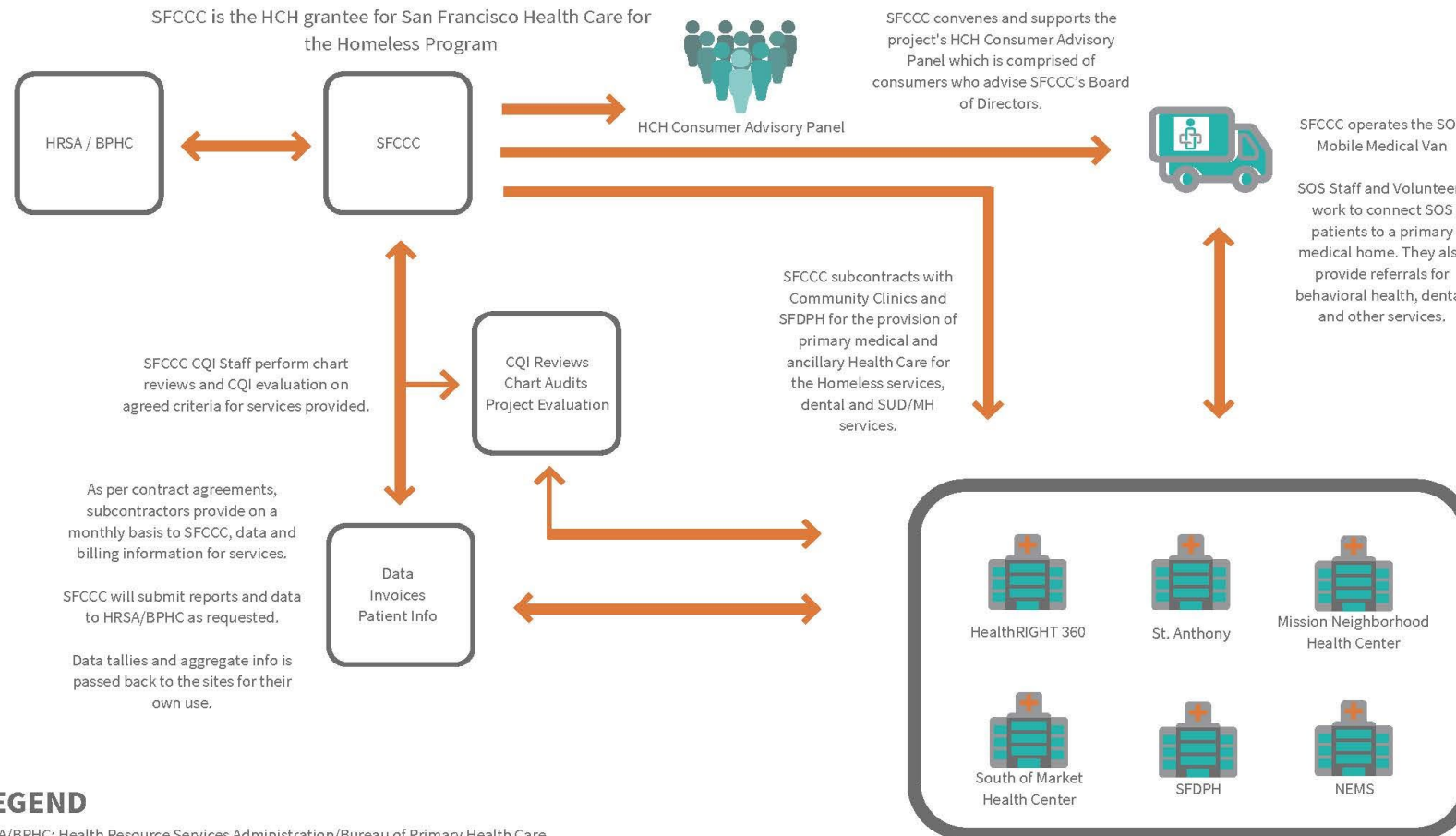


- 11 community-based, non-profit health clinics
- Clinics, along with SFCCC's Street Outreach Services homeless outreach van, serve approximately 113,000 patients, primarily under 200% of the federal poverty level.
- SFCCC and our member clinics work in partnership to address the needs and interests of the clinics and their patients.
- Major programs include Health Care for the Homeless, Ryan White Part C, and Area Health Education Centers (AHEC).



HCH Program Structure

SFCCC Health Care for the Homeless Project Organization



LEGEND

HRSA/BPHC: Health Resource Services Administration/Bureau of Primary Health Care
SFCCC: San Francisco Community Clinic Consortium
NEMS: North East Medical Services
SFDPH: San Francisco Department of Public Health
SOS: Street Outreach Services
CQI: Continuous Quality Improvement
SUD: Substance Use Disorder
MH: Mental Health



Behavioral Health Workforce

As documented in a recent report by University of California, San Francisco,* if trends continue, the supply of psychiatrists, psychologists and Licensed Clinical Social Workers (LCSWs) will decrease and the supply of Marriage and Family Therapists (MFTs), Licensed Professional Clinical Counselors (LPCCs) and psychiatric technicians will increase, but not enough to meet demand.

With current service utilization patterns by 2028:

- CA will have 41% fewer psychiatrists than needed.
- CA will have 11% fewer psychologists, Licensed Medical Family Therapists (LMFTs), LPCCs, and LCSWs than needed.

Factoring in unmet needs:

- CA will have 50% fewer psychiatrists than will be needed and 28% fewer psychologists, LMFTs, LPCCs, and LCSWs combined than needed.

*<https://healthforce.ucsf.edu/publications/california-s-current-and-future-behavioral-health-workforce>



Innovative Collaborations: Growing the Behavioral Health Workforce

- In response to address the need, our consortium and our statewide PCA is working with the state of California to develop a process for Marriage and Family Therapists (MFTs) to be counted as a “billable provider” for our Medi-Cal program.
- In addition, we are currently working to seek change from the State to increase access to mental health services by establishing “same day visits” for primary care and behavioral health visits. This change would support the “warm hand off” model that our clinics have found to be most successful and increase access to behavioral health care.



Training Young Professionals in Behavioral Health

Patricia Dunn, VP, Administration



At the SF Area Health Education Center (AHEC), pipeline and workforce training are key goals.

1) Train 50 medical residents & nursing students on our homeless outreach van
2) Train multi-disciplinary clinic staff on many topics, also via BPHC and AHEC supplemental:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Motivational Interviewing
- Medication-Assisted Treatment (MAT)



Training Young Professionals in Behavioral Health

Patricia Dunn VP, Administration



3) National Health Corps/AmeriCorps Program

- Lead Grantee: Health Federation of Philadelphia
- SFCCC new Operating Site beginning Sept. 2019
- 18 members will be placed at clinics & SF Department of Public Health
 - Will work full time for 10.5 months
- 1 of 3 focus areas: Opioid Use Disorder (OUD)
 - 7 OUD/SUD-focused positions
 - Other foci: physical activity/nutrition and seniors



National Health Corps San Francisco, cont.

Opioid Safety Outreach Worker/Health Coach:

- Supports alternative pain management programs by conducting outreach, patient intake, health coaching and facilitation.
- Linkage to wellness programs and logistics support for alternative pain management strategies for patients with chronic pain and co-morbidities.

Street Medicine/Shelter Health MAT Liaisons:

- Collaborate with medical and outreach staff to assist homeless clients by conducting outreach/follow-up.
- Provide patient education, navigation and care coordination.



National Health Corps SF, cont.

Opioid/Substance Use Disorder (OUD/SUD) Access Coordinator:

- Assists in outreach to homeless and underserved populations experiencing or at risk for OUD/SUD
- Engages and enrolls patients in care through education, MAT, withdrawal management services, administration of standardized tools to assess risk

MAT Program and Outreach Coordinator:

- Conducts outreach to inform community of our services and to engage people in OUD/SUD treatment and support services
- Tracking progress/treatment adherence and conducting targeted outreach to patients engaged in Suboxone treatment



Training Young Professionals in Behavioral Health, cont.



Health Care for the Homeless (HCH) Sub-recipient HR360 Programs:

1) FY 2018 Enhancing Behavioral Health Workforce Supplemental to HCH Grant

→ Partnership with California Social Work Education Center (CalSWEC)

Select Goals:

- Develop learning tract for BH SUD and MAT didactic
- Host second year MSW students for Years 1 and 2 at HR360
- Develop students knowledge to support patients suffering from SUD with BH evidence-based practices (EBP's)
- Work on challenges with academic - community health center partnerships.



Training Young Professionals in Behavioral Health, HR360 Programs, cont.



HCH Sub-recipient HR360 Programs:

2) Behavioral Health Intern Program

- CHC HR360 retains internal training supervisor who runs program.
- Works with schools to provide the didactics internally so they are relevant to the MH/SUD work we do.
- Many schools teach mental health, but not SUD!
- We can then deploy the students in our programs and ensure they are getting the academic support they need.
- This way the CHC has more control, can ensure students are getting the education they need to do MH AND SUD work - not one or the other - and the CHC has a pipeline back to us.



HRSA Building Workforce Capacities Webinar
July 31, 2019

Staci Swenson, MA, MSW, LISW-S
Director of Behavioral Health & Social Work

Columbus, Ohio

Speaker



Staci Swenson, MA, MSW, LISW-S
Director of Behavioral Health & Social Work

Who we are

40 + years of Community Health Centers in Columbus,
Ohio and rural Ohio

Federally Qualified Health Center (FQHC)

11 Health Center sites

2nd largest in Ohio

Level 3 Patient Centered Medical Home

Over 47,000 patients seen in 2018

2018 Patient Demographics per UDS Statistics

47,017	Total Patients Seen
169,632	Patient Visits
62%	Female
38%	Male
37%	Black/African American
33%	Language other than English
31%	White/Caucasian
29%	At or below 100% Federal Poverty Level
27%	Hispanic/Latin ethnicity
15%	Accessible to a Public Housing site
5%	American Indian/Alaskan Native
4%	Asian/Native Hawaiian/Other Pacific Islander
3%	Homeless
2.3%	LGBTQ+

What we do: Our services

Primary Care (Internal Med, Family, Pediatrics, Women's Health)

Dental & Vision

Pharmacy

Dietetics

Physical Therapy

Behavioral Health

- Embedded in each health center

Where we've been: Behavioral Health Integrated Care (BHIC) journey

Prior to 2012: 2 Full time employees (FTE) of social workers—time split between largest sites

2012: Ohio Medicaid Technical Assistance And Policy Program (MEDTAPP) through The Ohio State University College of Social Work (in collaboration with Mental Health America of Franklin County)

- Workforce development funding to recruit, train, retain practitioners to work with Medicaid populations:
 - Buy in from leadership but not at the center level
- 3rd Q 2012: 1 FTE of student supervisor and 10 social work (SW) interns began integrated care at one location (co-located model)
 - Solid buy in from leadership but still challenges at the center level
 - Needed an internal/provider champion
- 1st Q 2013: 2 FTE of student supervisor and 2 locations (co-located model) and collaboration with a community mental health center
 - Began developing curriculum for research and training of Masters of SW interns
- 3rd Q 2013: 3 FTE of student supervisors and 3 locations and began intentionally increasing integration with goal of becoming embedded

Where we've been: BHIC journey

2014: received HRSA BHI grant

- Increased “buy in” once BH Director hired to oversee program from the “inside”
- BH Director working with all site managers
- BH Clinicians seen as “valuable” by medical providers and other staff (from “we don’t have time” to “who is covering”)
- Almost all BH services internal (for quality control purposes)

Integrated and Culturally Relevant Care Education and Training Curriculum

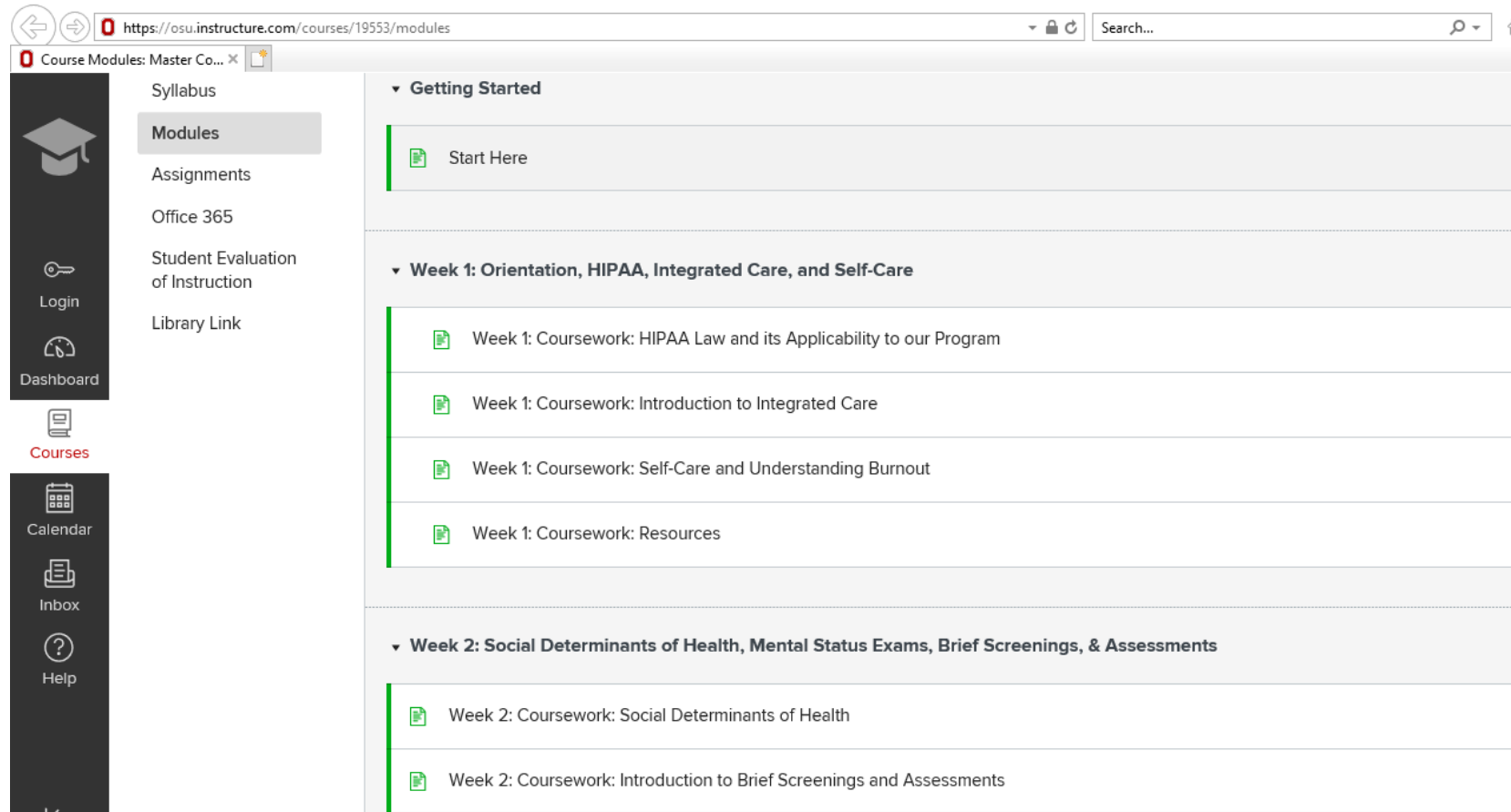
- Research team from The Ohio State University College of Social Work and PrimaryOne Health
- Online training modules for all interns and new BH Clinicians (clinical and cultural trainings)

2017: MEDTAPP funding discontinued: Able to sustain program through billing services and HRSA funding

- MSW licensed BH Clinicians at each site
- Psychiatric Certified Nurse Practitioner
- MD beginning MAT

2018: Began Trauma-informed Care initiative (National Council for Behavioral Health)

Integrated Care Online Training Modules



The screenshot displays the Blackboard LMS interface for a course titled "Course Modules: Master Co...". The browser address bar shows the URL <https://osu.instructure.com/courses/19553/modules>. The left sidebar contains navigation links: Syllabus, Modules (selected), Assignments, Office 365, Student Evaluation of Instruction, Library Link, Login, Dashboard, Courses, Calendar, Inbox, and Help. The main content area is titled "Getting Started" and lists the following modules:

- Start Here
- Week 1: Orientation, HIPAA, Integrated Care, and Self-Care
 - Week 1: Coursework: HIPAA Law and its Applicability to our Program
 - Week 1: Coursework: Introduction to Integrated Care
 - Week 1: Coursework: Self-Care and Understanding Burnout
 - Week 1: Coursework: Resources
- Week 2: Social Determinants of Health, Mental Status Exams, Brief Screenings, & Assessments
 - Week 2: Coursework: Social Determinants of Health
 - Week 2: Coursework: Introduction to Brief Screenings and Assessments

Our Team Today

- HRSA and SAMHSA funding
 - Director of Behavioral Health & Social Work
 - MAT Program Manager (SAMHSA)
 - MD Addiction Specialist (SAMHSA)
 - 5 Other providers (MDs and NPs) practicing MAT
 - 2 Psychiatric NPs
 - 15 MSW Behavioral Health Clinicians (all centers)
 - 2 BH Outreach Specialists (SAMHSA)
 - 3 Recovery Support Specialists (HRSA & SAMHSA)
 - Pain Recovery Program with physical therapy and Pharmacy (small Cardinal Health grant)
- What we've seen (a case or two)
- BHI training program and workforce retention strategies

Integrated Care Program

Wichita, Kansas



HUNTER
HEALTH

Introducing our speakers



Kaitlin Boger
EdD, LMSW, LMAC



About Hunter Health



Hunter Health

- Wichita, Kansas
- We exist to improve health and wellbeing; population is uninsured, Medicaid, Medicare
- HRSA Funding- SUD/MH, 330
- Additional Funding- State funding from two sources



Integrated Care program

Beginning

- Began March 2017 with Director of Integrated Care
- 5 Behavioral Health Consultants (BHCs) including one at each site and coverage for night clinic



Current Outreach

- Special Populations
- Billing concerns
- Meeting with patients when they see medical providers
- Outreach 6 shelters for those experiencing homeless with Licensed Practical Nurse (LPN) who schedules
- Transportation
- Typically results in scheduled appointment for future date



Social Work Training/ ICC PROGRAM

- **Goals of Program**
 - Help ease the burden providers have for education, motivation, and problem solving
 - Overall population health
 - Decrease PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalized Anxiety Disorder) scores
- **Set up of Program**
 - 1 Integrated Care Consultant (ICC) per every two medical providers; one nurse per care team; medical assistance helps manage team
 - ICCs get hands-on shadowing training and chronic condition training
- **Strategic Partners**
 - Local groups: jail, severe and persistent mental health organization, homeless drop-in center to provide holistic, comprehensive care
- **Strategies for Retention**
 - High communication, advertisement of loan repayment, engagement with staff including heroes program, volunteering day, benefits that encourage team such as gym coins for classes and team lunches, hiring students who already have experience



Training Program

- Training checklist
- Clinical training plans
- Train behavioral health (BH) staff to be in Primary Care
- Primary Care BH training programs
- Partnerships with schools
- How to screen patients for ICCs



Training Transferable Practices

- Adaptable staff
- Quick intakes
- Training staff to understand what primary care providers do
- Shadow primary care
- Cognitive Behavioral Therapy, Motivational Interviewing, SBIRT, and Solution Focused Training
- Partner with managed care companies for outcomes for population
- Ensure Behavioral staff understand chronic conditions, training or go to provider trainings



Positive Health Stories

- Dropped 100 patients from A1Cs over 8.5
- Identification of behavioral health concerns that can affect physical health, such as blood pressure
- Care and Case management of chronic concerns
- Providers have 20% high engagement rate with ICCs



Discussion Session



Behavioral Health Resources

- [HRSA Behavioral Health and Primary Care Integration Webpage](#)
HRSA provides information on how health centers have integrated behavioral health with primary care and technical assistance resources on this topic.
- [HRSA Substance Use Disorders and Primary Care Integration Webpage](#)
HRSA provides information how health centers have integrated substance use disorder services into primary care and links to substance use tools and resources.
- [HHS Mental Health and Substance Use Disorders Webpage](#)
The U.S. Department of Health and Human Services provides information and resources on treatment and recovery of mental health and substance use disorders.
- [Agency for Healthcare and Quality \(AHRQ\) Academy for Integrating Behavioral Health and Primary Care](#)
The AHRQ Academy provides resources to support the integration of behavioral health and primary care.
- [STAR² Center: Solutions Training and Assistance for Recruitment and Retention](#)
The Association of Clinicians for the Underserved (ACU), a HRSA supported National Cooperative Agreement, provides technical assistance focused on recruitment and retention at health centers.
- [The Health Workforce Technical Assistance Center \(HWTAC\)](#)
HWTAC provides technical assistance to states and organizations that engage in health workforce planning.
- [University of Michigan Behavioral Health Workforce Research Center](#)
The Behavioral Health Workforce Research Center is a joint initiative by HRSA and SAMHSA to strengthen the behavioral health workforce by conducting studies to inform workforce development and planning efforts.
- **HRSA Webinar Recording** - “Promising Practices in Behavioral Health Workforce Planning” <https://hrsaseminar.adobeconnect.com/pbbp1gllpw7c/>
Experts from the University of Michigan, University at Albany-SUNY and the ACU share promising practices and resources focused on behavioral health workforce planning, recruitment, and retention.



Thank You!

Montez Legrand-Punter, MPA

**Public Health Analyst, Quality Division,
Office of Quality Improvement**

Bureau of Primary Health Care (BPHC)

Health Resources and Services
Administration (HRSA)



mlegrand-punter@hrsa.gov



(301) 945-3357

Katie Trocin, MPH

**Public Health Analyst, Quality Division,
Office of Quality Improvement**

Bureau of Primary Health Care (BPHC)

Health Resources and Services
Administration (HRSA)



ktrocin@hrsa.gov



(301) 945-9386

bphc.hrsa.gov



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