Behavioral Health Training Programs

Academic Year 2017-2018

HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The Behavioral Health Training Programs support several initiatives aimed to enhance the quality of education and clinical training in behavioral health and to increase the number of practicing behavioral health professionals and paraprofessionals, with a particular emphasis on the integration of behavioral health into primary care. Further, research suggests that training tomorrow’s behavioral health workforce in rural and other community-based settings is more likely to produce providers who will ultimately serve these high-need areas later in their career. Below is a descriptive summary of the characteristics and accomplishments of awardees and individual trainees who received Behavioral Health Training Program support during Academic Year 2017-2018.

Select Program Characteristics

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Awardees</th>
<th>Trainees</th>
<th>Underrepresented Minority (URM)</th>
<th>Disadvantaged</th>
<th>Graduates / Program Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHWET</td>
<td>200</td>
<td>5,867</td>
<td>2,531</td>
<td>43.1%</td>
<td>2,587</td>
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<tr>
<td>GPE</td>
<td>32</td>
<td>263</td>
<td>54</td>
<td>20.5%</td>
<td>56</td>
</tr>
<tr>
<td>LPHSWE</td>
<td>5</td>
<td>41</td>
<td>11</td>
<td>26.8%</td>
<td>15</td>
</tr>
</tbody>
</table>

Clinical Training Settings

![Chart showing clinical training settings for BHWET, GPE, and LPHSWE programs.]

Note: A Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area, and/or medically underserved population. Training settings are not mutually exclusive.
Behavioral Health Training Programs

Behavioral Health Workforce Education and Training (BHWET)

- BHWET program awardees supported the clinical training of 3,333 graduate-level social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, and marriage and family therapists.
- In addition, BHWET supported 2,534 students training to become behavioral health paraprofessionals (such as community health workers, outreach workers, social services aides, mental health workers, substance abuse/addictions workers, youth workers, and peer paraprofessionals).
- Overall 44 percent of BHWET trainees reported coming from disadvantaged backgrounds.
- BHWET awardees partnered with 2,244 training sites (e.g., hospitals, ambulatory practice sites, and academic institutions) to provide clinical training experiences to student trainees.
- Two-thirds of training sites were located in medically underserved communities where trainees provided over 1.1 million hours of behavioral health services to patients and clients. Nearly half of the sites (48 percent) offered substance use treatment services and over 20 percent offered opioid use treatment services.
- BHWET awardees developed or enhanced and offered nearly 1,200 behavioral health-related courses and training activities, reaching over 23,000 students, fellows, residents, and practicing professionals.
- Of the 3,395 students who graduated from their programs and were ready to enter the behavioral health workforce, 1,496 were new social workers; 73 were new psychologists; 166 were new psychiatric nurse practitioners; 73 were new marriage and family therapists; 544 were new professional counselors; and 1,043 were new paraprofessionals (such as community health and mental health workers, peer paraprofessionals, and substance use/addictions workers).

Graduate Psychology Education (GPE)

- Approximately 21 percent of students reported coming from disadvantaged backgrounds.
- Upon completion of their training, the majority of graduate students intended to pursue employment in MUCs (75 percent) and/or primary care settings (58 percent).
- GPE awardees collaborated with 186 health care delivery sites to provide 627 clinical training experiences for psychology graduate students (e.g., hospitals, ambulatory practice sites, and academic institutions) as well as 3,140 interprofessional team-based care trainees who participated in clinical training along with the psychology graduate students. Approximately 87 percent of the sites offered interprofessional training.
- Nearly half of the clinical training sites offered substance use treatment services (48 percent) and 36 percent offered telehealth services.
- Approximately 88 percent of these training sites were located in medically underserved communities and 62 percent were primary care settings.

Leadership in Public Health Social Work Education (LPHSWE)

- Overall 37 percent of LPHSWE trainees reported coming from disadvantaged backgrounds and 27 percent reported being an underrepresented minority.
- Nearly 20 percent of trainees received training in substance use treatment.
- Upon program completion, 48 percent of LPHSWE-supported graduate students intended to pursue further training or enter practice in MUCs and/or primary care settings.
- LPHSWE funds were used to support infrastructure development, including the development, enhancement and offering of 77 courses and training activities focused on competencies including Leadership and Management and Interprofessional Practice. Approximately 1,750 students and advanced trainees participated in these curricula.