

## **Behavioral Health Training Programs**

#### Academic Year 2018-2019

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 2018-2019.

**Select Program Characteristics** 

Program Name	Awardees	Trainees	Trainee Characteristics Underrepresented Minority (URM)	Trainee Characteristics Disadvantaged	Graduates/ Program Completers
BHWET	175	6,209	2559 (41.2%)	2678 (43.1%)	3940
GPE	31	267	72 (27.0%)	76 (28.5%)	150
LPHSWE	2	14	4 (28.6)	13 (92.9%)	14

**Clinical TrainingSettings** 

■MUC ■ Primary Care ■ Rural 69.9% **BHWET** 35.2% 24.6% 87.5% **GPE** 62.0% 23.4% 88.9% **LPHSWE** 22.2% 50.0% 0% 20% 40% 60% 80% 100% Percentage of Sites

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
Workforce
Education and
Training
(BHWET)

Graduate Psychology Education (GPE)

Leadership in Public Health and Social Work Education (LPHSWE)

For more information, visit the website: bhw.hrsa.gov

# Behavioral Health Training Programs

### **Behavioral Health Workforce Education and Training (BHWET)**

- BHWET program awardees supported the clinical training of 3,213 graduate-level social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, and marriage and family therapists.
- In addition, BHWET supported 2,996 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 43 percent of BHWET trainees reported coming from disadvantaged backgrounds.
- BHWET awardees partnered with 2,355 training sites (e.g., hospitals, ambulatory practice sites, and academic institutions) to provide clinical training experiences to student trainees.
- Nearly 70 percent of training sites were located in medically underserved communities
  where trainees provided over 1.3 million hours of behavioral health services to patients and
  clients. Nearly half of the sites (49 percent) offered substance use treatment services and
  nearly 30 percent offered opioid use treatment services.
- BHWET awardees developed or enhanced and offered nearly 1,500 behavioral healthrelated courses and training activities, reaching over 43,000 students, fellows, residents, and practicing professionals.
- Of the 3,940 students who graduated from their programs and were ready to enter the
  behavioral health workforce, 1,288 new social workers; 116 new psychologists; 182 new
  psychiatric nurse practitioners; 57 new marriage and family therapists; 709 new
  professional counselors; 10 new occupational therapists; 22 new psychiatrists; and 1,556
  new paraprofessionals (e.g. community health and mental health workers, peer
  paraprofessionals, and substance use workers).

#### **Graduate Psychology Education (GPE)**

- Approximately 29 percent of students reported coming from disadvantaged backgrounds.
- Upon completion of their training, the majority of graduate students intended to pursue employment in MUCs (76 percent) and/or primary care settings (57 percent).
- GPE awardees collaborated with 184 health care delivery sites to provide 1,003 clinical training experiences for psychology graduate students (e.g., hospitals, ambulatory practice sites, and academic institutions) as well as 2,631 interprofessional team-based care trainees who participated in clinical training along with the psychology graduate students. Approximately 90 percent of the sites offered interprofessional training.
- Nearly half of the clinical training sites offered substance use treatment services (48 percent) and 38 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)

- The majority of LPHSWE trainees reported coming from disadvantaged backgrounds (93 percent) and 29 percent reported being an underrepresented minority.
- One hundred percent of trainees received training in substance use treatment.
- Upon program completion, 20 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 11 courses and training activities focused on
  competencies including Leadership and Management and Interprofessional Practice.
  Approximately 650 students and advanced trainees participated in these curricula.