



STATEMENT OF
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Good morning Chairman Alexander, Ranking Member Murray, and Members of the Committee. I am Jim Macrae, Acting Administrator at the Health Resources and Services Administration (HRSA). I appreciate the opportunity to join my colleagues today and share with you some of the activities underway at HRSA to address the mental health needs of our Nation. In appearing before you, I bring the perspective from my vantage point as the Acting Administrator at HRSA as well as the former head of HRSA's Bureau of Primary Health Care. In both of these capacities, I have had the privilege of leading important primary health care activities to improve the health of individuals and families throughout the United States.

HRSA is the primary Federal agency within the Department of Health and Human Services (HHS) and across the Federal Government charged with improving access to health care services for people who are medically underserved because of their economic circumstances, geographic isolation, or serious chronic disease, among other factors. To address these issues, HRSA works through partnerships with states, community-based organizations, academic institutions, health care providers, and others to improve our primary care infrastructure, strengthen the health care workforce, and achieve health equity. HRSA works closely with the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institutes of Health and other HHS divisions through the Department's Behavioral Health Coordinating Council (BHCC) and other mechanisms to collaborate on initiatives related to mental health.

This Committee has a long history of leadership on and engagement in a number of HRSA programs and activities including the Community Health Centers, the National Health Service Corps, the Federal Office of Rural Health Policy, and the Ryan White HIV/AIDS Program. To begin, I want to thank members of this Committee and your colleagues in the Senate and the House of Representatives for the bipartisan, bicameral efforts that you undertook earlier this year in passing the Medicare Access and CHIP Reauthorization Act of 2015. That legislation extended funding for, among other things, the Health Center Program and National Health Service Corps. The President's Budget for these and other HRSA programs also provide important health resources focused on primary health care, including the integration of mental health services.

Since 2008, HRSA's efforts to increase access to mental health services have included the following:

- With the support of the Affordable Care Act and other investments, health centers have added more than 6,000 mental health providers to expand access to mental health services in primary care settings. As a result of these efforts, today, health centers employ more than 13,600 mental health providers.
- With the support of the Affordable Care Act and other investments, the number of mental health providers in the National Health Service Corps (who receive scholarships and loan repayment for practicing in underserved areas) has quadrupled, increasing from approximately 800 in 2008 to more than 3,300 in 2015.

- In response to the President and Vice President's *Now is the Time Initiative*, since Fiscal Year 2014, HRSA has worked with SAMHSA to help expand the mental health workforce by supporting clinical training of approximately 1,156 additional masters level social workers, psychologists and marriage and family therapists and 960 mental health paraprofessionals.

Supporting Primary Care Mental Health Integration

Across HRSA, there are a range of programs and resources that support primary and mental health care integration.

Health Center Program

One particular area of focus of our primary and mental health care integration has been within our Health Center Program. Health centers provide an accessible, affordable, and dependable source of primary care for uninsured and medically underserved patients. HRSA supports nearly 1,300 health centers operating approximately 9,000 health center service sites across the country, and approximately 50 percent of them serve rural communities. Today, one in 14 people receive care at a HRSA-supported health center, including one in seven people living at or below the Federal poverty level. For the 23 million patients served annually, health centers provide comprehensive, high-quality, cost-effective primary health care regardless of patients' ability to pay.

Increasingly, as recognized providers of primary health care services, health centers are also experiencing a greater demand for mental health services. Some health center patients have shared with their providers that they often feel more comfortable discussing and sharing their mental health concerns within a primary care setting rather than a traditional mental health facility. For example, in 2014, according to health center program data, depression and anxiety disorders, including post-traumatic stress disorder (PTSD), ranked third and fifth, respectively, among the top ten reasons that a patient visited a health center. In 2014, we invested \$166 million in Affordable Care Act funding to expand mental health capacity at health centers, which is expected to establish or expand services to more than one million people nationwide. As a result, even though the statute does not require health centers to have a mental health specialist on staff to be eligible for health-center funding, health centers increasingly have opted to integrate mental health providers into their primary care operations, or have built strong relationships with other community mental health providers. In addition, health centers have shared with us that by having a mental health provider on staff and co-located in the primary care setting, their other primary care providers are better able to address the mental health needs of their patients and coordinate their care.

Integrating mental health care into primary care presents a unique opportunity for patients and providers. Approximately 84 percent of health centers nationwide currently provide mental health treatment and counseling onsite or under contracts with other providers, resulting in more than 6.2 million mental health visits in 2014.

In addition, HRSA and SAMHSA jointly support the Center for Integrated Health Solutions (CIHS), which offers direct technical assistance and a wide-range of resources to health centers and other HRSA-funded safety-net providers regarding integrating mental health and substance use services within primary care settings. For example, CIHS has developed a rural-specific, interactive, eight-hour training course that presents an overview of mental illnesses and substance use disorders in the United States. The course introduces participants to risk factors and warning signs of mental health or addiction problems, builds understanding of their impact, and reviews treatments.

Building a Strong Mental Health Workforce

While the Health Center Program focuses on delivering patient care, HRSA's health workforce programs target the education, training, and distribution of a highly skilled primary care workforce through health professions training, curriculum development, and scholarship and loan repayment programs. HRSA's efforts support a diverse and culturally competent primary care workforce that delivers high quality, efficient health care. A key program focus at HRSA is to increase access for Americans to a mental health care provider through its health professional training programs.

HRSA supports several grant programs that work to expand access to mental health services by increasing the number of mental health providers. HRSA has made important investments with workforce program funding supporting the training of mental health disciplines, including physicians, nurses, and physician assistants with psychiatric specialties.

HRSA's National Health Service Corps (NHSC) programs provide scholarships and repay educational loans for primary care, dental, and mental and behavioral health clinicians who agree to two, three or four years of service in designated areas of the country that need them most. Overall, NHSC clinicians provide preventive and primary care to approximately 9.7 million people.

Over one in three NHSC clinicians—3,371 out of 9,683—provided mental and behavioral health services. This includes psychiatrists, psychiatric physician assistants, psychiatric nurse practitioners, health service psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, and psychiatric nurse specialists. Of these 3,371 mental health providers in the NHSC field, 1,231 (37 percent) are in rural communities, and 116 (3 percent) are practicing in Indian Health Service facilities.

In addition to NHSC programs, HRSA supports a wide range of other workforce training programs to increase the number of mental health providers. The Mental and Behavioral Health Education and Training Programs support increased access to services by training providers. Between Academic Year 2012-2013 and 2014-2015, the number of students supported by stipends increased from 86 to 214. The Scholarships for Disadvantaged Students (SDS) program increases diversity in the health workforce by providing grants to eligible health professions schools to award scholarships to students from disadvantaged backgrounds, including those pursuing degrees in mental health. In Academic Year 2014-15, there were 411 students pursuing mental health disciplines who received SDS scholarships. The Geriatrics Workforce Enhancement Program also

supports various mental health disciplines, including psychiatrists, psychologists, social workers, psychiatric nurses, professional counselors, marriage and family therapists and substance abuse counselors.

Additionally, since FY 2014, HRSA has worked with SAMHSA to administer the Behavioral Health Workforce Education and Training grant program (BHWET) as part of the Administration's *Now is the Time Initiative*. As I noted in my testimony earlier, these grants help expand the mental health workforce by supporting clinical training of approximately 1,156 additional masters level social workers, psychologists and marriage and family therapists and 960 mental health paraprofessionals in academic year 2014-2015. Through this initiative, HRSA and SAMHSA have partnered to address critical needs for mental health professionals and paraprofessionals trained to address the needs of transition-age youth (ages 16-25). The President's FY 2016 Budget proposes \$56 million for the BHWET program, an increase of \$21 million over FY 2015.

Strengthening Mental Health Activities in Rural Areas

Per capita, there are fewer mental health providers (ranging from counselors to psychologists) in rural as compared to urban communities. To support access to mental health services in rural communities and to better reach populations in rural settings, 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. These emerging health tools utilize electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

HRSA's Telehealth Network Grant Program supports efforts to demonstrate how telehealth technologies can be used through telehealth networks to increase the number of communities that have access to pediatric, adolescent, and adult mental health services. As a result of \$5.4 million in funding from this program in FY 2015, more than 300 communities now have access to telehealth services. In addition, the Flex Rural Veterans Health Access Program provides grants to states to support telehealth and health information exchange projects to enhance care for veterans in rural areas.

HRSA also funds a number of community-based grant programs designed to improve access to and coordination of care in rural communities, with roughly one quarter of the FY 2015 projects focusing on mental health care.

Meeting Mental Health Needs in Other HRSA Initiatives

The Ryan White HIV/AIDS Program (RWHAP) is an example of where we see contributions to addressing the mental-health needs of the Nation in other programs as well.

Mental illness occurs in persons living with HIV/AIDS at almost twice the rate as in the general population. Mental health and substance-use disorders are common in persons living with HIV/AIDS and are critical barriers to retention in care and adherence to treatment. In fact, for the RWHAP, mental health represents the third-highest category of visits and approximately 14 percent of clients received mental health services. In Parts A and B, where we have available

expenditure data, approximately \$32 million was spent on mental health services in FY 2013. Of those who received mental-health services, 78 percent were virally suppressed and 88 percent were retained in care; overall, 79 percent of clients served by the RWHAP are virally suppressed and 81 percent are retained in care.

Conclusion

Mr. Chairman, we share the goal of ensuring a strong federal primary health care system that supports quality mental health care. As I have outlined today, with our multi-faceted strategy, we are employing many effective tools to maximize our reach and provide quality and accessible mental health services and mental health care professionals. HRSA will continue to seek ways to enhance these services and related resources in partnership with our colleagues across the Department and with communities across the country. I appreciate the opportunity to testify today.