

ABSTRACT

Title: Internship Training in Integrated Behavioral Health: Meeting the Needs of Medically Underserved Communities to Prevent Opioid and Substance Abuse

Organization Name: Psychology Department, Munroe-Meyer Institute, University of Nebraska Medical Center

Address: 985450 Nebraska Medical Center, Omaha, NE 68198-5450

Project Director: Rachel Valleley, Ph.D.

Phone: 402 559-6408

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Fax: 402 559-6864

e-mail: rvallele@unmc.edu

This grant application will address the crucial shortage of psychologists treating vulnerable populations in medically underserved communities (MUCs). Funds will allow for increasing the number of behavioral health providers in MUCs equipped to address OUDs/SUDs. This will be accomplished through an expansion of intern and faculty training specific to OUD/SUD within the internship program in the Psychology Department of the Munroe-Meyer Institute/ University of Nebraska Medical Center. In addition, training will be expanded to include trauma-focused care. A culturally sensitive "integrated behavioral health internship model" has been developed at UNMC that provides: a) interdisciplinary training, b) integrated clinical skills application, and c) supervised internship experiences in MUCs.

Individuals living in rural and inner city MUCs are amongst the most underserved and vulnerable populations in need of mental/behavioral health care. In Nebraska, 88 of 93 counties are federally identified MHPASAs by HRSA. Roughly, one third of the Omaha metropolitan area falls under the designation of a MUC. Nebraska is one of the most medically underserved states in the country. This creates a significant issue when trying to prevent and treat those with OUD/SUD. The rates of death from drug overdose in 2016 for Douglas County which includes Omaha was 21.4/100,000, nearly doubling since 1999. Nebraska has among the highest rates of underage drinking with around 20% of youth between 12-20 years of age drinking alcohol within a month and approximately 15% binge drinking on a monthly basis. Given that the majority of Nebraska falls within a HPSA, these individuals go without access to any treatment services.

To address this issue, we propose to (a) expand training for interns and faculty to include a focus on OUD/SUD prevention, identification, and access to treatment as well as trauma focused care (b) and increase placement of interns in primary care practices in MUCs with the specialized training. To date, the team-based care training model has placed and retained program graduates in 24 rural and 18 urban primary care pediatric and family medicine practices across Nebraska. This project will provide training for 21 psychology interns (with stipends supported from GPE funding), 36 pediatric and family medicine residents, and 48 behavioral health Master's (counseling, psychiatric nursing, marriage and family therapy, and ABA) students through use of training modules and supervised integrated care training experiences in MUCs. Interns will participate in rotations in team-based care approaches to working with individuals in primary care settings with a "medical home" approach. Based upon our past experiences in recruitment, training, and placement of graduates into primary care, we project that 60% of trainees will enter into integrated primary care practices with the majority of these trainees providing behavioral health care in rural and urban underserved locations.