

POLICY BRIEF

Association between AIMS Funding Distribution and Behavioral Health Service Need and Capacity



Project Team

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Background

In the 2017 fiscal year, the Health Resources and Services Administration (HRSA) attempted to expand access to mental health (MH) and substance use disorder (SUD) services by providing supplemental federal funding to qualified health centers through the Access Increases in Mental Health and Substance Abuse Services (AIMS) grants. In this study, we examine factors associated with the distribution of AIMS funding. We analyze if communities with certain features received more funding or had fewer AIMS centers than other communities without these characteristics. More specifically, Behavioral Health Workforce Research Center (BHWRC) researchers seek to highlight where AIMS funds were distributed based on state population, MH health professional shortage area (HSPA) designations, behavioral health provider counts, and opioid overdose death rates.

Methods

This study involved a secondary data analysis. Data on AIMS funding, including the number of clinics awarded in each state, the total AIMS funding each state received, and the average AIMS funding per clinic, were collected from the HRSA AIMS funding recipient website. State population counts were obtained from the 2020 US Census Bureau.¹ Researchers used the Kaiser Family Foundation state health facts database to collect the 2021 MH HPSA designations and MH HPSA population counts within a state. Using the Centers for Disease Control and Prevention National Center for Health Statistics data, the BHWRC team collected age-adjusted drug overdose death rates from 2019. Finally, using the HRSA Area Health Resources Files, researchers obtained provider counts for psychologists and social workers from 2018 to 2019.

Researchers conducted descriptive analyses of each of the variables of interest. Further, researchers examined associations between the “independent variables” and the “dependent variables.” The independent variables included state population, MH HSPA designations, behavioral health provider counts, and opioid overdose death rates. The dependent variables were the number of AIMS centers in a state, total AIMS funds received by the state, and mean AIMS funding per facility by state.

Findings

The number of AIMS clinics per 100,000 state residents and total state AIMS funds per 1,000 state residents was greater in states with small populations compared with large populations. We observed the opposite relationship for the association between population within HPSA and AIMS funding. Indeed, as the population within HPSAs grew, the number of AIMS centers per 100,000 and total AIMS funding per 1,000 within a state decreased. We also found no relationship between the opioid overdose rate and AIMS funding

distribution. Finally, states with low averages for the number of psychologists, social workers, and psychiatrist had more AIMS centers and more AIMS funds than peer states with high numbers of all three provider types.

Conclusions

Our research adds important insights regarding AIMS funding distribution. First, after adjusting for population size, we observe no relationship between the age-adjusted opioid overdose deaths rate and the number of AIMS centers and total AIMS center funding within a state. Our findings suggest that AIMS center funding was not higher in states with more opioid overdose deaths per state resident compared to states with fewer deaths due to opioids. We would suggest that HRSA consider how data on opioid overdose death prevalence influences the allocation of awards intended to address the opioid crisis.

A notable result from our analysis is the negative association between the three mental health provider types and the number of AIMS centers and AIMS funding per state. Specifically, we observe that as the mean numbers of psychologists, psychiatrists, and social workers in a state increase, the number of clinics per 100,000 state residents and funding per 1,000 state residents declines. Given that an eligible use of AIMS Center funds was personnel increases, additional analyses are well-suited to further dissect this finding and assess if AIMS funding was allocated to communities in provider shortage areas.

An unexpected finding concerns the contradictory results regarding HPSA designation. We find that while the size of the population living in an HPSA designation is negatively correlated with the number of AIMS centers in a state and the total AIMS funding a state received, there is no association between the number of HPSAs in a state and the number of AIMS centers or funding. Given that health centers target underserved areas, we expected a positive correlation for both measures, in that states with HPSAs and more persons residing in HPSAs would receive more AIMS funds. Yet, we do not observe this result for either measure. Future research should examine this association to assess if serving a large population residing in an HPSA reduces or has no effect on the likelihood of applying for or receiving AIMS funds.

We highlight several limitations of this project. First, our data do not distinguish between applicants and awardees. Put another way, we cannot tell if the reason behind our findings is that centers did not apply for AIMS funds, or if HRSA did not award centers funding. Second, our dataset only establishes correlations between opioid overdose deaths, HPSA designation, and provider counts and the total number of AIMS funding and centers within a state. Nowhere in this report do we suggest any causal associations.

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References

1. Census Bureau. Total Population. Published 2020. Accessed March 3, 2023. [https://data.census.gov/table?q=United+States&t=Populations+and+People&g=0100000US,\\$0400000](https://data.census.gov/table?q=United+States&t=Populations+and+People&g=0100000US,$0400000).