



Human Services Policy Advisors Institute January Session: 1/19/22

State Strategies for Addressing the Mental Health Workforce Shortage

Speakers:

*Sheila Smith, Co-Director of National Center for Children in Poverty: *minutes 9:30 - 27:00*

*Sheri Dawson, Director of the Division of Behavioral Health for Nebraska's Department of Health and Human Services: *minutes 27:00 – 49:00*

Key Takeaways:

- Preventive services and trauma-informed care delivered through specialized providers can **mitigate the long-term impacts** of complex conditions:
 - Children involved in child welfare are more vulnerable to mental and behavioral health issues that can lead to long-term struggles with education, relationships, and overall well-being.
 - Child mental health providers need specialized knowledge and training, including an understanding of early development, parent/child relationship stressors, and an awareness of treatments and diagnoses.
- States can utilize **flexible ARPA funds** to advance mental health policies and resources and equip providers with the specialized skills and training they need to provide quality care to children.
 - [Georgia](#) is using ARPA ESSER funds to increase the number of school mental health providers and establish school-based health clinics
 - [Massachusetts](#) is using ARPA funds to invest over \$100 million in strengthening and stabilizing Home Community Based Services provider workforce in response to COVID-19
 - [New York](#) is investing \$21 million in ARPA funds to recruit and retain, cover education expenses, and provide career development and training to mental health providers.
- **Investments in career pipelines and apprenticeship programs** can address workforce shortage and capacity challenges through early recruitment efforts. Pipeline programs like Nebraska's [Ambassador Program](#) and [F.A.R.M C.A.M.P](#) have allowed expedited recruitment to combat the dire shortage in the state's most rural areas.

Spotlight on States:

- **Arkansas: (Slide 5)**
 - Increased existing clinician capacity by offering subsidized training for evidenced-based IECMH treatments.
 - Offered a 10% higher Medicaid reimbursement rate for trained clinicians.
 - Recruited and supported providers from underserved areas of the state with mentorship programs and subsidized Infant early childhood mental health (IECMH) training.

- **Colorado: (Slide 6)**
 - Increased existing clinician capacity by offering subsidized training on evidenced-based IECMH treatments through the state’s [Right from the Start program](#). Offered IECMH training to home visitors, early childhood education providers, clinicians, and nurses.
- **Washington: (Slide 7)**
 - Used IECMH consultants to support direct service professionals (home visitors, caseworkers) through the state Best Starts for Kids Workforce Development Program.
 - Recruited diverse leaders for a yearlong IECMH community of learning cohort to increase clinical skills and training.

Nebraska Spotlight Programs

- [Frontier Area Rural Mental Health Camp and Ambassador Program](#) (slide 10): High school exposure/training provides an opportunity for interested high school students to learn about behavioral health professions and support a pipeline from high school to the workforce.
- [Virtual Mentor Network](#) (slide 6): Connects interested high school students to behavioral health professionals to ask questions, discuss behavioral health topics, and connect with professionals who are in psychiatry or psychology.
- Community Crisis Consortium (slide 11): A collaboration of mental health providers to share the burden of “being on-call” by expanding technology, training, and designating responsibilities.
- Primary Care Training (slide 13 & 15): Expanded the capacity of local primary care physicians to handle child mental health concerns in their communities by offering free or low-cost IECMH training.

Background:

In the wake of the pandemic, Governors across the country are grappling with an ongoing youth mental health crisis exacerbated by the Pandemic. States are searching for solutions to provide quality mental health services for complex child welfare cases, address new student stressors due to the pandemic and school violence, and reach children in rural communities. Compounding these issues, the country faces a nationwide mental health provider workforce shortage that has created a barrier for high-risk populations to access services. According to the American Academy of Child and Adolescent and Psychiatry, nearly 1 in 5 children face a mental health issue but only about 20% receive care.

Speaker Summaries:

Sheri Dawson, Director of the Nebraska Division of Behavioral Health under the Department of Health and Human Services: Nebraska has taken cross-agency collaborative steps to combat the mental health provider shortage, including the innovation of the Behavioral Health Education Center and the development of partnerships with the Division of Family Services. Nebraska has launched several pipeline programs, like the state [Ambassador Program](#) and [F.A.R.M C.A.M.P.](#), to connect high school students interested in a career in behavioral health with skills and training opportunities. The state has also expanded provider capacity by offering subsidized mental health training to primary care physicians. Nebraska’s philosophy is that there is no one strategy to tackle the provider shortage - a whole-system approach is necessary to break bureaucratic silos and collectively address a multi-faceted issue.

Sheila Smith, Co-Director of National Center for Children in Poverty: Sheila is a subject matter expert focusing on supports for infant and early childhood mental health (IECMH), including the need to support specialized IECMH training for clinicians. Clinicians must consider and factor in impact of childhood events and parent/child relationships on early development. Dr. Smith discussed successful state models and emphasized the importance of mental and behavioral health support for children involved in the welfare system. Dr. Smith gave several examples of states building the capacity of existing providers to support IECMH treatments, including from Arkansas, Colorado, and Washington.