translate a number of evidence-based interventions to the practice setting, as well as to shift supervisors' attitudes on what makes for effective supervision time.

In Utah, a state where Carver says all public mental health provider agencies use the same outcome tool to evaluate performance, he says the difference between outcomes in his agency and others has been noticeable.

"We've led all public agencies in the percentage of clients improved and recovered," Carver said. "That means that in our agency, 300 more clients a year are getting better."

Other keys to supervision

Carver emphasizes that the process of good supervision in a mental health treatment organization must begin with sound hiring at the front end. This allows for a smoothly run process in which employees receive comprehensive training, ongoing supervision ("we often refer to it more as 'coaching,'" Carver said) and assessment of performance based on their use of therapeutic innovations in patient care.

"You have to hire people who are coachable," Carver said. "They have to have a sincere desire to go from good to better."

He adds that it is also important to receive a commitment from the highest levels of executive leadership in an organization to take the steps necessary to maximize patient outcomes.

While Weber Human Services reports standing out vis-à-vis other providers in the state in this area, that has not yet translated to having a comparatively favorable position over the others in terms of state funding. "The state is not incentivizing this yet for providers," Carver said. Yet he added, "We hear that outcomes ultimately will drive payment." •

Training, education required for skilled infant MH workforce

Professionals from a wide range of disciplines, such as child and early education providers, home visitors and physical and occupational therapists, are in a position to work with families to promote healthy social-emotional development, according to a new report released by Connecticut child and health professionals who are developing a statewide system to build a skilled infant mental health workforce.

The infant mental health field is composed of more than mental health clinicians, according to the report, "The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children," prepared by the Connecticut Association for Infant Mental Health and the Child Health and Development Institute (CHDI) and released March 2.

The report calls for a comprehensive early childhood mental health system to address the mental health of infants and toddlers, including promoting positive social and emotional development for all children, identifying and intervening early for those at risk, and treating those with more complex disorders, along with the workforce necessary to provide this full array of services and supports.

Bottom Line...

Zero to Three and the Alliance for the Advancement of Infant Mental Health are developing national training opportunities for the mental health workforce.

"This is the first state report to address the gaps in education and training of Connecticut's infant mental health workforce," Judith C. Meyers. Ph.D., president and CEO of the Children's Fund of Connecticut and its subsidiary, CHDI, told *MHW*. The state has been building its infant mental health workforce for the past five years, she said.

Although the workforce shortage for children and adolescents has been well-documented, the shortage for infants and toddlers is even more acute, Margaret Holmberg, Ph.D., president of the Connecticut Association for Infant Mental Health and one of the report's co-authors, told *MHW*.

"This report is a way for us to talk about the work that's going on in Connecticut and frame that work with the bigger picture about what's going on in the rest of the country," she said, adding that sources from other states, including New York, have contacted her expressing an interest in promoting an infant mental health workforce in their respective states.

Regardless of their professional disciplines, levels of education or settings in which they work, the infant mental health workforce needs to be highly skilled or trained in a core set of topics that include the following:

- The science of early development, with special attention to neurological implications.
- The primary importance of responsive and stable caregiving relationships (attachment, separation, loss, trauma and grief).
- The interdisciplinary nature of the work and the need to collaborate.

Workforce competencies

Infant mental health workforce competency means that professionals at every level — ranging from family child care providers to licensed child health care and mental health providers to policymakers and researchers — have a specialized knowledge base and skill set that allows them to work with very young children and their families from a developmental and relationship-based perspective.

Currently, 1,300 people around

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the country have met the competencies for working with infants and toddlers, said Holmberg. Connecticut is making progress on building this workforce and has set a goal of having 200 infant mental health practitioners within two years, she said. There are currently 26 infant mental health practitioners in the state, she said.

"What we are trying to do is promote looking at relationships very early on — even prenatally," Holmberg said. "The data are saying the early relationship allocated to caregivers is critical for learning. We know so much now about brain development; there's good evidence [that supports] the importance of building that relational foundation as early as possible."

"The Michigan Association for Infant Mental Health [MI-AIMH] developed the workforce endorsement, which is what Connecticut licensed from us to build its workforce," Deborah J. Weatherston, Ph.D., executive director of MI-AIMH, told *MHW*.

Each infant mental health association enters into a licensing agreement with MI-AIMH to use the competency guidelines as standards for workforce development in their state, said Weatherston. "They use the same standards, so as we grow, we are all joined by this set of standards promoting early social and emotional health or infant mental health," she said.

Twenty state associations are now part of the Alliance for the Advancement of Infant Mental Health, said Weatherston. "We just last month included an international group from West Australia," she said.

'Upskilled' training

Providers need to be more "upskilled," added Weatherston. "A professional may be skilled in one domain, e.g., child development or adult mental health, but not in multiple domains that are vital for competency when working with this age group and supporting development in the context of relationships."

'This report is a way for us to talk about the work that's going on in Connecticut and frame that work with the bigger picture about what's going on in the rest of the country.'

Margaret Holmberg, Ph.D.

Weatherston added, "Those who developed the competencies believed that we need to be 'upskilled' — trained across these domains and acquiring new skills to work successfully to promote development and behavior, emotion regulation, adult mental well-being, assessments and strategies for intervention or treatment if needed."

Training and education can lead to skill development — through workshops, conferences, intensive weeks of training, university programs and the like, Weatherston said. "What is important for this set of competencies and approach is that there are many trainings and educational experiences that can count toward competency," she said.

Recommendations in the report include:

- Requiring infant mental health training for professionals working with young children.
- Integrating infant mental health training into higher education and professional development courses.
- Ensuring public-sector programs serving the most vulnerable young children and their families have access to highly trained specialists in infant and early childhood mental health.
- Increasing support for reflective supervision — a key ingredient for effective work in the infant-family field.

Additionally, the report notes that Zero to Three, a national nonprofit organization, will be an active partner with the Alliance for the Advancement of Infant Mental Health to develop national training opportunities for the mental health workforce. •

To view the report, visit www.chdi.org. For additional information about infant mental health training, visit www.mi-aimh.org.

Senate bill addresses MH provider shortages in VA, DoD

Citing struggles to recruit and retain mental health professionals given the national provider shortages and a highly competitive environment, U.S. Senate lawmakers have introduced legislation to increase the provider workforce and access to care for service members and veterans.

Sens. John Boozman (R-Ark.) and Joe Donnelly (D-Ind.) on March 11 introduced the Frontline Mental Health Provider Training Act (S. 714), which establishes a pilot fellowship program within the Department of Defense (DoD) and Department of Veterans Affairs (VA) to assess whether expanded use of physician assistants (PAs) specializing in psychiatric medicine can help meet the increasing demand for

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