

# H.B. 246

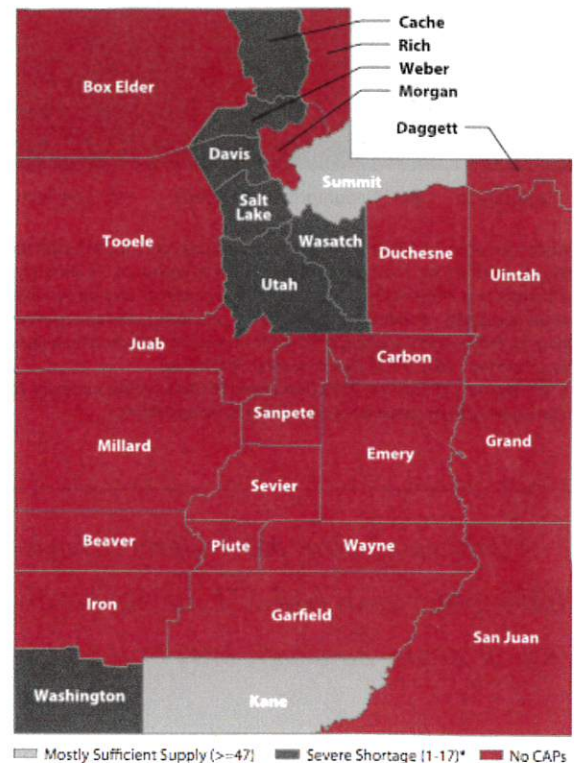
# Mental Health Workforce Amendments

Sponsor: Representative Duckworth



- This bill requires the University of Utah Health Sciences to select two additional psychiatry residents in the 2021-22 academic year and each year thereafter.
  - For the upcoming year, 18 graduates from the University of Utah School of Medicine have applied for 11 residency slots at the University. Approximately 900 applications from across the nation will apply for those same 11 residency slots.
  - This bill is supported by Utah Substance Use and Mental Health Advisory Council (USAUV), Utah Medical Association (UMA), and Utah Hospitals Association (UHA).
  - This bill also funds a matching grant to create a certificate in child and adolescent behavioral health for primary care physicians and medical professionals, school counselors, social workers, and other professionals who work with children and adolescents. This grant would be matched by non-state entities.
- The statewide ratio of child psychiatrists per child is **6 for every 100,000 children**. Only Idaho and South Dakota have a lower ratio than Utah.
  - Nationally, the Bureau of Labor Statistics estimates only 311 mental health providers per 100,000 people. **In Utah, it's 209 per 100,000.**
  - 20 counties have no practicing child and adolescent psychiatrists (CAP). 7 counties have a severe shortage. 2 counties have a mostly sufficient supply (less than 2% of the population) see figure 7 below

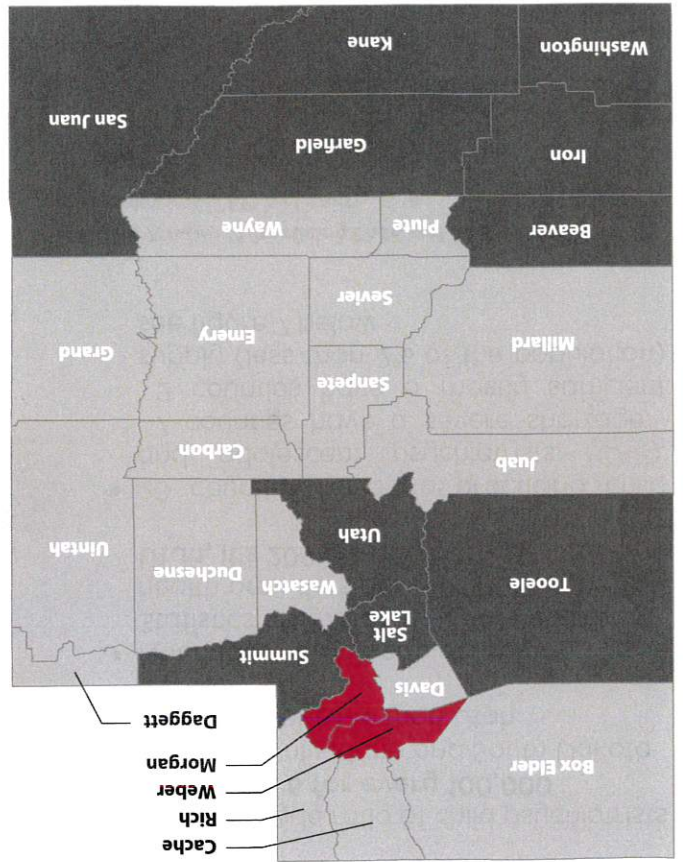
**Figure 7: Ratio of Practicing Child and Adolescent Psychiatrists (CAP) by County, 2016**



# Utah's Shortage of Mental Health Providers Could Worsen Over Time

Utah experiences mental health provider shortages in all of its counties (Figure 6) and has fewer mental health providers per 100,000 people than the national average.<sup>10</sup> Provider shortages affect people's ability to access appropriate care and a newly expanded Medicaid program coupled with a rapidly growing state population will intensify the effects of existing shortages.

**Figure 6: Mental Health Care Professional Shortage Areas (HPSAs) by County, 2017**



Note: While mental health HPSA designations can include core mental health providers in addition to psychiatrists, most mental health HPSA designations are currently based on psychiatrists only. HPSA designations based on psychiatrists only do not take into account the availability of additional mental health providers in the area, such as clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Data from 2017. HPSA Detail - Mental Health Care. Source: First Quarter of Fiscal Year 2019 Designated HPSA Quarterly Summary. (2018, December). Health Resources and Services Administration (HRSA).

**Figure 7: Ratio of Practicing Child and Adolescent Psychiatrists (CAP) by County, 2016**



Note: Ratio is per 100,000 children (below age 18). Source: Workforce Maps by State. American Academy of Child & Adolescent Psychiatry.

The ratio of child psychiatrists per 100,000 children in Utah is particularly low. Most counties have no access to a practicing child and adolescent psychiatrist unless they travel to a different county for services (Figure 7). The statewide ratio is six adolescent psychiatrists per 100,000 children.<sup>11</sup> Only Idaho and South Dakota have a lower ratio than Utah. Connecting this low ratio with Utah's high prevalence of unmet mental health needs among children and increasing demand for youth services (Figure 4), reveals a need for more youth-based mental health services, particularly as Utah's population continues to grow.

*Utah's rural areas particularly struggle with provider shortages. Data from UMEC show that Utah's urban areas had 171 mental health full-time equivalents (FTE) per 100,000 people in 2015. Rural areas, however, only had 141 mental health professional FTEs per 100,000 people.*