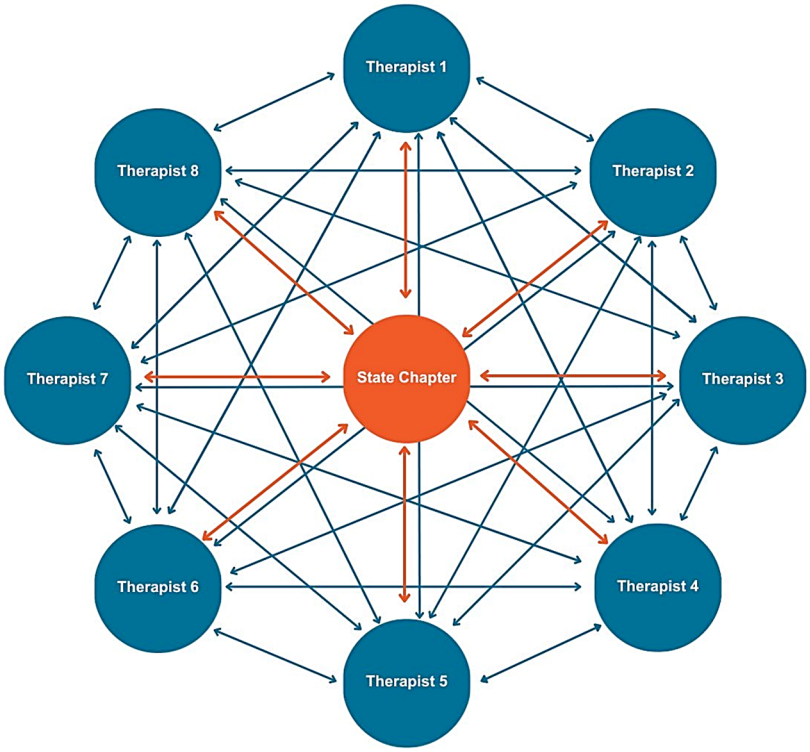
Types of Telemental Health Networks

A state telemental health network can take many forms. There are two basic frameworks in which a State Chapter can create their network: a **Mutual Support Network** and a **Hub and Spoke Network**.

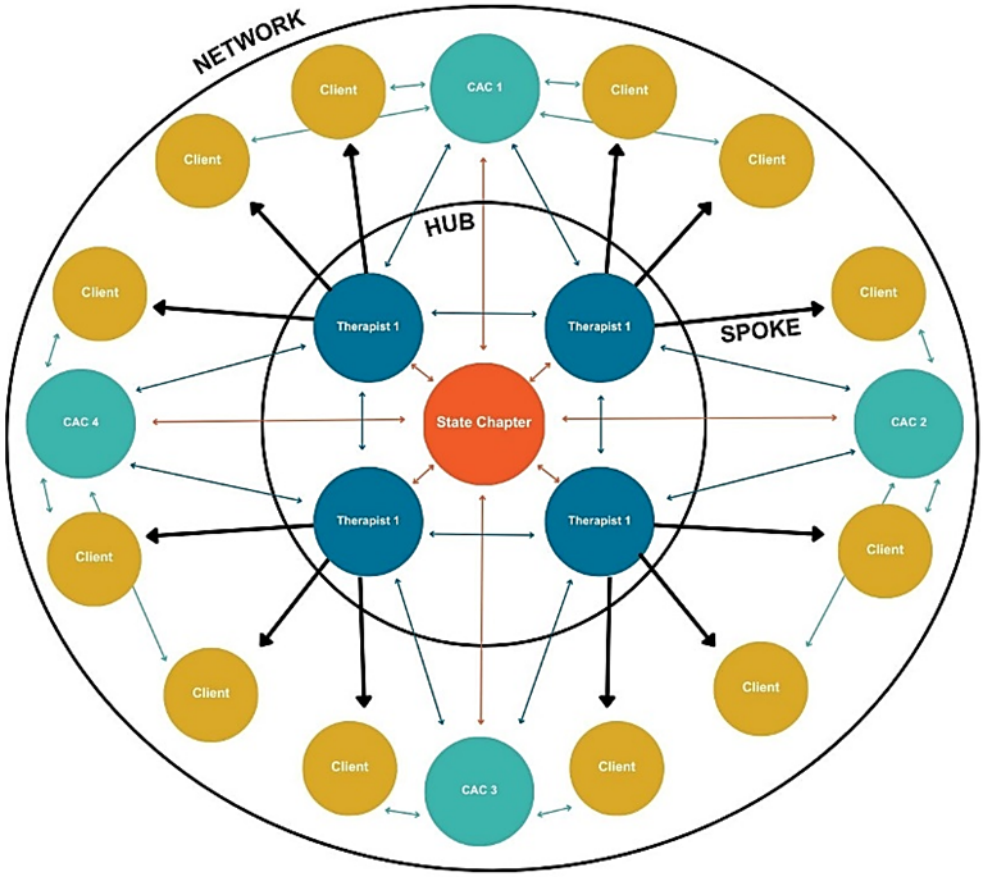
The **Mutual Support Network** is probably most straightforward to set up as it organizes existing assets in a new way. This type of network is best suited for states that have an adequate number of CAC-employed or linked therapists but uneven demand that leave some therapists with long wait lists and others, perhaps many miles away, with available therapy slots.



North Dakota established one of the first such networks linking CAC-employed therapists in a mutual support arrangement. When the therapist at one center has a full caseload and is unable to accept another client, the child could be referred to another therapist in the state with a vacancy, allowing the child to start therapy much faster using telemental health. States that have a number of well-established, qualified linkage therapists could set up a similar network linking children in one CAC to available employed or linkage providers in another center, perhaps hours away. An organized Mutual Support Network can act in concert to help address knowledge and skill acquisition to continuously improve quality and, at the same time, improve management of secondary traumatic stress, far more powerfully than individual practitioners or isolated CACs acting on their own.

This model has a lot of merit but does not suit the needs of states where rural and frontier CACs lack any employed therapists and too few qualified local linkage providers. In such an environment the

network must link treatment expertise from better resourced areas to regions that lack local capacity to meet the needs of traumatized children. This type of model is often referred to as a "**Hub-and-Spoke" Network**. In this network, qualified therapists, often located in larger cities or university towns where more mental health professionals practice, are the "**hub**", and the CACs and children they serve, sometimes hundreds of miles away in the most isolated and often under-resourced regions, are the "**spokes**" reaching out across the state.



This could take the form of one or more well-resourced urban CACs with well-developed treatment programs serving as the hubs and providing telemental health to children referred by distant CACs who lack local capacity.

To succeed however, the centers serving as hubs must have the capacity to accept referrals from afar. This may prove challenging when even the most well-resourced centers have more demand than capacity. This was the reality in Montana and Washington when the Chapter sought to create telemental health networks in 2020. In these states, the Chapters choose to build an expanded hub-and-spoke network that went beyond existing CAC-affiliated therapists. The Chapters recruited providers, some of whom were unknown to their local CAC, who were already trained in an appropriate NCA-approved therapies such as TF-CBT, to join a network organized and facilitated by

the State Chapter. Of course, as was the case in Washington and Montana, the Chapter may not find enough existing willing and qualified trauma trained therapists to meet the demand. In this case, the Chapters offered training and consultation in selected evidence-based treatments models approved by NCA to expand the pool of qualified therapists for the network.

While not formally tested yet, at least two other variations of the hub-and-spoke network are worth considering. In one possibility, the State Chapter would secure funds for the employment of one or more network therapists, who would either work through contract with an existing CAC that already has a strong internal trauma treatment program, or for the Chapter directly. These therapists would serve as the "hub" and treatment to children in under-resources regions through telemental health. The other model would be to expand the hub-and-spoke network beyond the state borders to include CACs, other organizational providers, or private practice therapists from other states to serve as the hub. This opens the door to potential candidates widely, but it does present an important challenge: state professional licensing. For this model to work, each therapist residing out of the state must secure a license in the state where the children they serve reside. For example, the State Chapter in Montana might recruit several therapists residing in Los Angeles area to as part of the Montana hub, but those therapists would need to secure an appropriate license to provide therapy through the state of Montana. While this presents a challenge, it is not insurmountable, and it is not all that uncommon for professionals to hold licenses in more than one state.