An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce

December 11, 2017

Foreword Revised January 22, 2020

Advocates for the Next Generation
Behavioral Health Workforce Analysis

Georgia’s Crisis in Child and Adolescent Behavioral Health

Snapshot of Child and Adolescent Behavioral Services in Georgia
Behavorial Health Workforce Analysis

Voices for Georgia’s Children conducted an analysis of Georgia’s child and adolescent behavioral health workforce* in order to inform strategic decisions aimed at improving the preparation, practice, and support of the workforce. The following represent key findings and recommendations from that analysis.

<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>RECOMMENDATIONS</th>
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<tr>
<td>Lack of a strategic, integrated and formal approach to our education,</td>
<td>Pilot a training program that ensures the workforce has a path from degree to</td>
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<td>training, and licensure:</td>
<td>licensure with relevant evidence-based therapy training.</td>
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<tr>
<td>• Lack of sufficient opportunities</td>
<td>Expand residency and post-degree certification opportunities.</td>
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<td>• Lack of system connectivity</td>
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<td>• Difficult path to licensure</td>
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<td>Graduates lack certain skills, training, and confidence</td>
<td>Streamline trauma training of existing workforce and child serving systems.</td>
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<td>• Evidence-based therapies</td>
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<td>• Administrative skills</td>
<td>Offer scholarships or sponsor cohorts of practitioners to be trained in</td>
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<td>targeted therapies and obtain CEUs.</td>
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<td>Lack of consistent, reliable, and quality data on the demographics and</td>
<td>Implement a Minimum Data Set (MDS) Survey to collect data on the workforce at</td>
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<td>practice settings of the currently active behavioral health workforce</td>
<td>licensure renewal.</td>
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<td>Administrative burdens and other barriers to effective practice hinder</td>
<td>Compile an annual report from data collected in the MDS Survey with geographic</td>
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<td>providers’ ability to practice in and relocate to Georgia:</td>
<td>and demographic data.</td>
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<td>• Lack of clarity around telehealth</td>
<td>With available data, map the distribution of the workforce.</td>
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<td>• Inadequate non-emergency medical transportation</td>
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<td>• Lack of evidence-based standards for Medicaid reimbursement rates</td>
<td>Implement tele-consultation, -supervision, -learning, and tele-therapy</td>
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<td>• Lack of connectivity between crisis care and follow up care</td>
<td>demonstration projects to determine effective models for improving access to</td>
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<td>The array for Georgia’s APRNs is more limited than comparable states.</td>
<td>care and cost analysis for expansion.</td>
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<td>Lack of clarity about license reciprocity with other states.</td>
<td>Conduct research on setting evidence-based reimbursement rates, including a</td>
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<td>full business model cost analysis in targeted settings.</td>
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<td>Incentive programs are available, but only for some practitioner types</td>
<td>Improve integration of Georgia’s Crisis and Access Line (GCAL) with the systems</td>
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<td>and providers often face eligibility and administrative barriers.</td>
<td>that provide follow up care (e.g., care coordination services within Care</td>
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<td></td>
<td>Management Organizations)</td>
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<td>Research expanding the authorization of Psychiatric Nurses to fully leverage</td>
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<td>their education, training, and capabilities.</td>
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<td>Create a publicly available list of licensure reciprocity standards and the</td>
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<td>states from which Georgia accepts licenses for incoming professionals (particularly salient to support military spouses).</td>
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</table>

*The analysis covered core behavioral health providers including psychiatrists, pediatricians, psychologists, psychiatric nurses, social workers, marriage and family therapists, and professional counselors.

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Support

General assembly passed legislation that will help alleviate provider shortages by:

Requiring equal reimbursement for telemedicine and in-person services among payers.

Allowing out of state physicians and psychologists to provide services through telemedicine.

The Department of Early Care and Learning expanded its Inclusion and Behavior Support Unit into a multi-tiered system in an effort to strengthen coordination and promotion of resources, strategies and supports for early childhood professionals, programs, and families.

Scope and Practice Environment

The General Assembly’s House Infant and Toddler Social and Emotional Health Study Committee included a deep dive into young children’s behavioral health workforce challenges.

Georgia philanthropists created Resilient Georgia, a statewide coalition dedicated to creating an integrated behavioral health system, is working to develop a platform to share and coordinate trauma-informed resources and training.

The Department of Behavioral Health and Developmental Disabilities provides peer support services through the Georgia Mental Health Consumer Network and has seen a significant increase in the number of certified peer specialists in the state.

Georgia Medicaid now allows reimbursement for certified peer support services.

Education and Training

In partnership with the Inter-agency Directors Team and System of Care State Plan, Voices is piloting Trauma Informed Universities (TIU), a multi-year initiative that engages master’s-level programs (social work, counselor, nursing) to embed a trauma-focused seminar into their student training.

Voices is researching barriers to post-degree certification and engaging partners to develop and sustain a model to increase certified professionals in Georgia.

The Department of Education has trained over 20,000 educators in mental health awareness, including Youth Mental Health First Aid and ANGST: Raising Awareness around Anxiety.


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Georgia’s Crisis in Child and Adolescent Behavioral Health

THE PROBLEM:
More than 40% of children ages 3-17 have trouble accessing the mental health treatment and counseling they need.

Behavioral Health is at the core of the majority of the problems we see in education, juvenile justice, and child welfare. And the challenges don’t stop there - they continue into adulthood.

of Georgia’s 159 counties

<table>
<thead>
<tr>
<th>Counties without a licensed psychologist</th>
<th>76</th>
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<tbody>
<tr>
<td>do not have a licensed social worker</td>
<td>52</td>
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<tr>
<td>do not have a licensed psychologist OR a licensed social worker</td>
<td>45</td>
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</tbody>
</table>

Schools often serve as the primary point of access to behavioral health services and supports.

Social Workers
CURRENTLY: 1 FOR EVERY 2,475 STUDENTS
NEEDED: 1 FOR EVERY 250 STUDENTS

School Psychologists
CURRENTLY: 1 FOR EVERY 2,475 STUDENTS
NEEDED: 1 FOR EVERY 700 STUDENTS

School Nurses
CURRENTLY: 1 FOR EVERY 1,088 STUDENTS
NEEDED: 1 FOR EVERY 750 STUDENTS

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ALARMING STATS:
**2 in 10 children** have one or more emotional, behavioral or developmental conditions.

- **Suicide is the 2nd leading cause of death** among youth ages 9 to 17.
- Children with ADHD, autism, or developmental delays are **twice as likely to be chronically absent** compared to kids without these conditions.
- **Almost 70% of youth** in Department of Juvenile Justice long-term facilities have a mental health diagnosis severe enough to require ongoing treatment.

WHY WE NEED BEHAVIORAL HEALTH SERVICES

Untreated behavioral health illness in children and adolescents can lead to:

- Drug and alcohol abuse
- Violent or self-destructive behavior
- Low educational attainment
- Much lower rates of employment in adulthood

WHAT WE NEED:

1. All children and adolescents have access to behavioral health services.
2. Schools are equipped to meet the need early and effectively.
3. Georgia has the workforce to help children and adolescents with behavioral health needs.

WHAT NEXT:

We need to fully implement Georgia’s Comprehensive three-year System of Care State Plan for child and adolescent health and support the work of Behavioral Health Innovation Commission to develop policy which can improve children’s behavioral health outcomes.

Sources: [https://tinyurl.com/CrisisRefsy22019](https://tinyurl.com/CrisisRefsy22019)
Snapshot of Child and Adolescent Behavioral Services in Georgia

- Telehealth Behavioral Health Pilot in Lamar County Schools (DPH lead, interagency participation)
- SBHCs with behavioral health services
- County with Project APEX (DBHDD); school-based behavioral health services
- County with DBHDD Mental Health Clubhouse locations
- Child Advocacy Center of Georgia (CACG)
- Project AWARE Locations
- County with DBHDD Substance Abuse Clubhouse
- School districts using the Georgia Partnership for Telehealth network

- 2 Behavioral Health Pilots
- PBIS
- CACGA
- Project LAUNCH
- Project AWARE
- PBIS
- CACGA location
- DBHDD Substance Abuse and Mental Health Clubhouses

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CURRENT CHILD & YOUTH BEHAVIORAL HEALTH PROJECTS IN GEORGIA

EARLY CHILDHOOD

**DECAL's Inclusion and Behavior Support Unit**
Promotes healthy social-emotional development in young children with disabilities or challenging behaviors through supports to early childhood professionals, families, and children.

**CHRIS180's New Generation**
Equips parents and caregivers of children 0-12 with strategies to strengthen familial relationships and improve responses to challenging behaviors.

SCHOOL-BASED ACCESS

**Project APEX**
Increases school-based behavioral health capacity through Community Service Boards (CSBs) and several private providers. They both develop partnerships with local schools to provide behavioral health services. Funding: DBHDD State Funds.

**Project AWARE**
Built capacity of state and local educational agencies to increase awareness of mental and substance abuse issues through student screenings and school staff trainings. Grant funding ended September 2019, but to sustain project goals, several school districts have been trained in, and are implementing frameworks, tools and strategies (e.g., Youth Mental Health First Aid, Sources of Strength, Suicide Prevention) to improve mental health outcomes among Georgia’s youth.

**SBHCs**
School-Based Health Centers: Improve children’s access to health services. 10 SBHCs provide mental and behavioral health services through on-site services in partnership with community providers. Funding: Foundation grants for start-up costs, insurance billing for sustainability.

**PBIS**
Positive Behavior Intervention Supports in schools: Facilitates positive school climate and timely identification of behavioral health needs for students. A network of 1100+ schools and programs representing 50% of Georgia local educational agencies continue implementation with fidelity. Funding: DOE state funds PBIS specialists in each Regional Educational Service Agency.

TELEMEDICINE & TELEHEALTH

**DPH**
Department of Public Health: Identified need for mental and behavioral health telehealth services. DPH is leading an interagency pilot to augment on-site school-based health services with behavioral health via telehealth. Funding: DPH state funds provided equipment.

**GPTH**
Georgia Partnership for Telehealth: 49 schools have telehealth equipment to be used for behavioral health services through the GPTH network. Funding: GPTH grant; school budget for staff time; Medicaid.

OUT-OF-SCHOOL TIME

**Club Houses**
Mental Health Resiliency Club Houses: DBHDD supports six clubhouses statewide to provide supportive services, e.g., educational, social, and employment support geared to engage youth and assist them in managing behaviors and symptoms.

**ASYD**
After School and Youth Development Quality Standards: A tool designed to help ensure after-school and youth development programs and provide environments that benefit youth socially, emotionally, and academically. Funding: DFCS, DOE, DECAL.

PEER SUPPORT

**Specialists**
Parent and Youth Certified Peer Specialists: Parent and Youth Certified Peer Specialists (CPS's) assist parent and youth with mental health and substance use conditions by providing direct peer support from a foundation of lived experience. Funding: DBHDD state budget for the training and certification of Peer Specialists; Service interventions reimbursed through DBHDD and DCH (Medicaid).

Sources: [https://tinyurl.com/BHSnapshot2019](https://tinyurl.com/BHSnapshot2019)  
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