

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. For the full report please visit <https://bit.ly/2DGii58>.

	FINDINGS	RECOMMENDATIONS
Education and Training	<p>Lack of a strategic, integrated and formal approach to our education, training, and licensure:</p> <ul style="list-style-type: none"> <li>• Lack of sufficient opportunities</li> <li>• Lack of system connectivity</li> <li>• Difficult path to licensure</li> </ul>	<p>Pilot a training program that ensures the workforce has a path from degree to licensure with relevant evidenced based therapy training</p> <p>Expand residency and post-degree certification opportunities</p>
	<p>Graduates lack certain skills, training, and confidence</p> <ul style="list-style-type: none"> <li>• Evidence-based therapies</li> <li>• Administrative skills</li> </ul>	<p>Streamline trauma training of existing workforce and child serving systems</p> <p>Offer scholarships or sponsor cohorts of practitioners to be trained in targeted therapies and obtain CEUs</p>
Scope and Practice Environment	<p>Lack of consistent, reliable, and quality data on the demographics and practice settings of the currently active behavioral health workforce</p>	<p>Implement a Minimum Data Set (MDS) Survey to collect data on the workforce at licensure renewal</p> <p>Compile an annual report from data collected in the MDS Survey with geographic and demographic data</p> <p>With available data, map the distribution of the workforce</p>
	<p>Administrative burdens and other barriers to effective practice hinder providers' ability to practice in and relocate to Georgia:</p> <ul style="list-style-type: none"> <li>• Lack of clarity around telehealth</li> <li>• Inadequate non-emergency medical transportation</li> <li>• Lack of evidence-based standards for Medicaid reimbursement rates</li> <li>• Lack of connectivity between crisis care and follow up care</li> </ul>	<p>Implement tele-consultation, -supervision, -learning, and tele-therapy demonstration projects to determine effective models for improving access to care and cost analysis for expansion</p> <p>Conduct research on setting evidence-based reimbursement rates, including a full business model cost analysis in targeted settings</p> <p>Improve integration of Georgia's Crisis and Access Line (GCAL) with the systems that provide follow up care (e.g., care coordination services within Care Management Organizations)</p>
	<p>The array for Georgia's APRNs is more limited than comparable states</p>	<p>Research expanding the authorization of Psychiatric Nurses to fully leverage their education, training and capabilities</p>
	<p>Lack of clarity about license reciprocity with other states</p>	<p>Create a publicly available list of licensure reciprocity standards and the states from which Georgia accepts licenses for incoming professionals (particularly salient to support Military spouses)</p>
Support	<p>Incentive programs are available, but only for some practitioner types and providers often face eligibility and administrative barriers</p>	<p>Expand the professions in loan reimbursement programs offered by the state to include additional mental health professionals</p>

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