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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<tbody>
<tr>
<td><strong>Education and Training</strong></td>
<td>Pilot a training program that ensures the workforce has a path from degree to licensure with relevant evidence-based therapy training.</td>
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</tbody>
</table>
| Lack of a strategic, integrated and formal approach to our education, training, and licensure:  
  • Lack of sufficient opportunities  
  • Lack of system connectivity  
  • Difficult path to licensure | Expand residency and post-degree certification opportunities. |
| Graduates lack certain skills, training, and confidence:  
  • Evidence-based therapies  
  • Administrative skills | Streamline trauma training of existing workforce and child serving systems. |
| Graduates lack certain skills, training, and confidence:  
  • Evidence-based therapies  
  • Administrative skills | Offer scholarships or sponsor cohorts of practitioners to be trained in targeted therapies and obtain CEUs. |
| **Scope and Practice Environment** | Implement a Minimum Data Set (MDS) Survey to collect data on the workforce at licensure renewal. |
| Lack of consistent, reliable, and quality data on the demographics and practice settings of the currently active behavioral health workforce | Compile an annual report from data collected in the MDS Survey with geographic and demographic data. |
| Administrative burdens and other barriers to effective practice hinder providers’ ability to practice in and relocate to Georgia:  
  • Lack of clarity around telehealth  
  • Inadequate non-emergency medical transportation  
  • Lack of evidence-based standards for Medicaid reimbursement rates  
  • Lack of connectivity between crisis care and follow up care | Implement tele-consultation, -supervision, -learning, and tele-therapy demonstration projects to determine effective models for improving access to care and cost analysis for expansion. |
| The array for Georgia’s APRNs is more limited than comparable states. | Conduct research on setting evidence-based reimbursement rates, including a full business model cost analysis in targeted settings. |
| Lack of clarity about license reciprocity with other states. | 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). |
| Incentive programs are available, but only for some practitioner types and providers often face eligibility and administrative barriers. | Research expanding the authorization of Psychiatric Nurses to fully leverage their education, training, and capabilities. |
| | 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). |
| | Expand the professions in loan reimbursement programs offered by the state to include additional mental health professionals. |

*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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