Over the last six years, ensuring that children and families have access to behavioral health services has been a central public health priority for Georgia policymakers. Georgia has made admirable progress in that time -- from the creation and expansion of the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) Georgia Apex Program (Apex) for school-based mental health (SBMH), to implementation of the Interagency Directors Team’s System of Care State Plan, to two governor-initiated commissions to improve the delivery of behavioral health services (one of which resulted in an unprecedented $24 million increased investment in children’s behavioral health). In fact, the National Survey of Children’s Health reported that the percentage of children in Georgia aged 3-17 with an emotional, developmental, or behavioral problem who were able to access treatment from a mental health professional increased from 41 percent in 2016 to 57 percent in 2018. While this is encouraging, it remains that about 43 percent, or approximately two out of five children, were unable to access the mental health services they needed.

One of the most apparent barriers to accessing care is the limited number of behavioral health providers practicing in the state. Forty-five counties in Georgia have neither a licensed psychologist nor a licensed social worker. Moreover, among practicing behavioral health professionals, levels of quality and cultural competency vary greatly, particularly among those practitioners accepting insurance – public and private. Voices for Georgia’s Children’s (Voices) 2017 Analysis of Georgia’s Child and Adolescent Behavioral Health Workforce found that a critical pain point for emerging behavioral health professionals, and possibly a major contributor to workforce shortages and turnover, is a lack of access to clinical supervision that effectively supplements their academic learnings, allows them to attain and maintain licensure, and assists them in translating theory into practice. Additionally, despite the known impact of providers’ cultural competency on the outcomes of their behavioral health clients, cultural competency training is not a standard requirement for acquiring or maintaining licensure in Georgia.

In order to identify potential solutions, Voices conducted key informant interviews with a diverse sample of behavioral health provider agencies to explore clinical supervision models and ways providers can support and retain emerging professionals through supervision and other related policies. Through these interviews, we identified the following supportive factors for, and challenges to, providing quality clinical supervision and increasing provider cultural competency and employee retention:

• Telesupervision, or clinical supervision through remote communication methods, is a helpful mechanism for increasing productivity and access to diverse supervisors, supporting cultural competency learning, and eliminating the burden on senior staff to provide clinical supervision.

• Incentives such as loan repayment programs attract and retain employees; however, many agencies find it difficult to use established federal loan repayment programs.

• Disincentives for leaving a position, such as repayment of the cost of supervision, also help to retain employees.

• Incentives and supports for supervisors.

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such as providing a small stipend, or reducing the productivity requirement helps compensate for the time taken from providing billable services.

• Cultural competency training and requirements vary greatly across agencies, suggesting lack of a common, baseline proficiency across providers.

Additionally, together with DBHDD and the Center of Excellence for Children’s Behavioral Health at Georgia State University (COE), Voices garnered the following from interviews with representatives of the University of South Carolina about the John H. Magill School Mental Health Certificate Program for budding SBMH providers:

• University-pipeline programs that partner with a state’s behavioral health agency can increase the state’s access to students and recent graduates through coordinated internships and grow provider expertise in critical areas of need (e.g., child and adolescent services and SBMH).

**NEXT STEPS**

Based on these findings, Voices suggests the following next steps for Georgia to increase access to quality supervision and retain more qualified, culturally competent, licensed behavioral health professionals:

**Increase the use of loan repayment programs by behavioral health agencies and professionals.**

• DBHDD, behavioral health provider associations, and agency associations should explore barriers to loan repayment program enrollment and identify opportunities to promote and support enrollment in federal loan repayment program.

• Georgia’s General Assembly should develop and fund state loan repayment programs for behavioral health providers.

**Leverage telesupervision to increase workforce productivity and access to diverse supervisors.**

• Behavioral health agencies should consider using telesupervision to increase clinicians’ productivity and time for billable services, and support employees by increasing access to diverse supervisors and cultural competency learning.

**Adopt a universal standard of cultural competency training and requirements.**

• Behavioral health care provider boards (e.g., Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists; Georgia Board of Psychology; Georgia Composite Medical Board) should consider adopting mandatory cultural competency training requirements for licensed providers.

• Behavioral health agencies should consider adopting cultural competency training as a requirement for both clinical and non-clinical staff and discuss key tenets in agency-based clinical supervision sessions.

**Build on relationships with higher education institutions to improve the workforce pipeline from universities to employers.**

• DBHDD, with support from the COE, should continue to formalize the design for and launch a statewide school-based behavioral health professional internship program through Apex, based on South Carolina’s John H. Magill School of Mental Health Certificate Program.

Implementing these next steps could help increase access to high-quality clinical supervision opportunities, improve consistency in training, and encourage newly licensed providers to remain in this field in the state—all of which strengthen Georgia’s child and adolescent behavioral health workforce. Such an impact has the potential to increase access to needed services and ultimately improve child and adolescent behavioral health outcomes in the state.