

# **Child and Adolescent Behavioral Health Workforce**

Georgia – through cross-agency collaboration efforts, the work of partners, and recent policy and practice changes – has made steady progress in reducing barriers to behavioral health services and supports.

# **Recent Accomplishments**

- Created a school-based mental health workforce pipeline program that provides school-based graduate training opportunities (within Georgia Apex programs).
- Embedded trauma training into the practicum program of five schools of social work and one counseling program, in partnership with the Interagency Directors Team and System of Care State Plan (training students, as well as supervising licensed providers).
- Passed key legislation to help alleviate provider shortages, allowing Georgia to enter into interstate compacts for physicians to practice medicine and psychologists to practice telemedicine in the state, and requiring equal reimbursement for telemedicine services among insurers.
- Passed the Mental Health Parity Act (MHPA), requiring the creation of the Behavioral Health Care Workforce Database, the development of a cancelable loan program for behavioral health professionals, and a study reimbursement rates for child and adolescent behavioral health services across public and private insurers (i.e., Medicaid, PeachCare for Kids, State Health Benefit Plan) and medical necessity denials.

### **Mental Health Parity Act (MHPA)**

The Mental Health Parity Act (MHPA) improves access to behavioral health services beyond the components that strengthen the workforce. Other provisions include:

- Ensuring limitations for behavioral health services are no greater than those for physical health services;
- Requiring care management organizations to spend 85% of premium revenues on medical claims and efforts to improve quality of care;
- Creating the Multi-Agency Treatment for Children (MATCH) team, which has the potential to help increase access to community-based services and supports for children with complex and unmet treatment needs; and,
- Increasing training and support for co-responder programs.

### CHALLENGES FACING THE CHILD AND ADOLESCENT BEHAVIORAL HEALTH WORKFORCE

# **The Access Challenge**

Despite these improvements, access to behavioral health services and supports remains a challenge for Georgia's children and families.

#### **Factors Affecting Access to Needed Mental Health Care**







Difficulty navigating the behavioral health system



Lack of insurance or time off



Cost



Lack of transportation

### **Select Workforce Challenges**

72

Georgia counties do not have a psychiatrist<sup>1</sup>

25%

of Georgia adults reported unmet behavioral healthcare needs<sup>2</sup> **67%** 

of youth with major depression reported not receiving mental health services<sup>3</sup> More than

96%

of Georgia's counties are designated as Mental Health Professional Shortage Areas (MHPSAs)\*

\*Mental health shortage area designations are based on the number of providers relative to the population; the population to provider ration must be at least 30,000-to-1 (20,000-to-1 if there are unusually high needs in the community.



### **Additional Workforce Challenges**

- Graduates lack certain skills, training, and confidence in evidence-based therapies and administrative skills.
- Psychiatric nurses have a more limited scope of practice than in comparable states.<sup>7</sup>

# **The Cultural Competency Challenge**

If families can overcome these hurdles, then they face a second, major barrier – **the lack of adequate, appropriately trained and culturally and linguistically competent behavioral health professionals**.

# **Georgia's Increasingly Diverse Population**



14%

of Georgia's residents speak a language other than English at home<sup>4</sup>



Asian and Hispanic populations have increased by

# 53% and 32%

respectively, while White individuals make up barely over half of the population



More than 10% of Georgia's population is foreign-born, which is an almost 40% increase from 1990<sup>5</sup>

### Recommendations

#### **Scope and Practice Environment**

- Encourage the practice of combining primary health and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices and increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.

#### **Education and Training**

- Expand and standardize culturally responsive care training for the behavioral health workforce.
- Develop a registered behavior technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.
- Intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education's Georgia HOSA (Health Occupations Students of America)).

### Support

- Create a subcommittee of the Healthcare Workforce Commission to identify ways to integrate foreigntrained health professionals into Georgia's healthcare workforce, including creating a licensure pathway and allowing temporary licenses.
- Dismantle barriers to licensing for behavioral health professionals, including funding to support required supervised hours.
- Increase funding to support additional staffing within the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

#### **In-Depth Child and Adolescent Behavioral Health Workforce Resources**

- An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce
- Sustaining Georgia's Child and Adolescent Workforce Through Supervision
- Licensing Barrier for Foreign-Trained Behavioral Health Professionals
- Whole Child Primer, 3rd Edition

#### Sources for Child and Adolescent Behavioral Health Workforce

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