



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

Recent Accomplishments

- Passed the **Mental Health Parity Act (MHPA)**, requiring the creation of the **Behavioral Health Care Workforce Database**, the development of a **cancellable loan program** for behavioral health professionals, and a **study of reimbursement rates** for child and adolescent behavioral health services across public and private insurers (e.g., Medicaid, PeachCare for Kids®, State Health Benefit Plan) and **medical necessity denials**.
- Created a school-based mental health workforce pipeline program that provides school-based graduate training opportunities (within Georgia Apex programs).
- 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.
- Revised the clinical experience requirement for associate and licensed marriage and family therapists.
- Allocated one-time gap funding for Psychiatric Residential Treatment Facilities (PRTF) receiving less than \$500 per patient and directed the state to submit a State Plan Amendment to adjust payment rates.
- Allocated funding:
 - To support Georgia Mental Health Consumer Network initiatives, including peer support.
 - To support hiring more school counselors in order to meet the state-mandated ratio of one counselor to 450 students (1:450).
 - For loan repayment programs for physicians, physician assistants, and advanced practice nurses in rural areas, and to support a new nursing faculty program.
 - To support hospitals with graduate medical education programs.

Mental Health Parity Act

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 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.

Mindworks Georgia serves as the state director-level, multiagency working group of the Behavioral Health Coordinating Council and is responsible for developing and implementing the system of care framework in Georgia. Also known as the Interagency Directors Team (IDT). Mindworks' Workforce Development Committee contributed to the development of this factsheet.

Challenges Facing the Child and Adolescent Behavioral Health Workforce

The Access Challenge

Despite Georgia's recent accomplishments, access to behavioral health services and supports remains a challenge for Georgia's children and families. **Factors affecting access to needed mental health care include:**



Stigma



Lack of transportation



Lack of in-network providers



Cost



Extremely low Medicaid reimbursement rates for behavioral health services¹



Difficulty navigating the behavioral health system



Lack of caregiver time off

Select Workforce Challenges

- Nationally, provider turnover rates range from 25% to 60% annually.² Leading factors often include administrative burden (e.g., prior authorization, varied documentation requirements among care management organizations) and burnout.^{3, 4}
- Graduates lack certain skills, training, and confidence in evidence-based therapies and administrative skills.
- Psychiatric nurses in Georgia have a more limited scope of practice than in comparable states.
- Violence in the workplace disproportionately affects social workers and behavioral healthcare workers, and is associated with decreased job satisfaction, decreased quality of care provided, and decreased staff retention.⁵

The Landscape in Georgia

- **90** counties do not have a psychiatrist.⁶
- **47%** of youth ages 3-17 had difficulty getting the mental health treatment or counseling that they needed.⁷
- **68%** of youth with major depression reported not receiving mental health services.⁸
- **More than 96%** of counties are designated as Mental Health Professional Shortage Areas (MHPSAs)*.⁹

The Cultural Competency Challenge

If families can overcome hurdles to access care, 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 residents speak a language other than English at home.¹⁰



Asian and Hispanic populations have increased by **53% and 32%**, respectively, while White individuals make up barely over half of the population.¹²



More than 10% of the population is foreign-born, which is an almost 40% increase from 1990.¹¹

For more information on cultural competency, please see Voices' factsheet: [Cultural Competence: Enhancing Services for Children and Families](#).

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

Recommendations

Scope and Practice Environment

- Increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees.
- 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.
- 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.
- Continue to intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education's HOSA (Health Occupations Students of America)).

Support

- Conduct a national scan to identify evidence-based practices for provider recruitment and retention.
- Create a tax incentive program to support behavioral health providers that supervise emerging professionals. This program could mirror the Georgia Preceptor Tax Incentive Program for physicians.
- Prioritize identifying ways to integrate foreign-trained health professionals into the work plans of the Secretary of State Office (e.g., licensing boards) and the Georgia Board of Healthcare Workforce, including a licensure pathway, allowing temporary licenses, and comprehensive data collection on available providers.
- Dismantle barriers to licensing for behavioral health professionals.
- Increase funding to support additional staffing within the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Leverage the Care Management Organization procurement process to explore and implement metrics that support increased care coordination and address social determinants of health.

Voices' 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 Barriers for Foreign-trained Behavioral Health Professionals](#)
- [Whole Child Primer, 3rd Edition](#)



References for Child and Adolescent Behavioral Health Workforce

Suggested citation: Voices for Georgia's Children. (2023). Fact Sheet: Child and Adolescent Behavioral Health Workforce. Voices for Georgia's Children. <https://adobe.ly/3R0NG1R>.

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