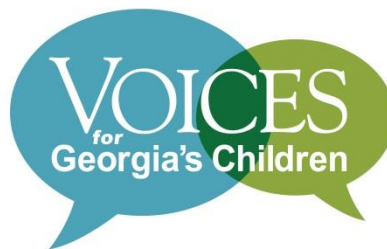


An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce

December 11, 2017



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EXECUTIVE SUMMARY

An array of indicators shows us that in Georgia, child and adolescent mental health needs go largely unmet. In fact, suicide is the third leading cause of death for children ages 10 to 24 in Georgia¹, 75 percent of children involved in the juvenile justice system have experienced traumatic victimization², and when surveyed, more than 80,000 sixth through twelfth graders in Georgia report that they have seriously considered harming themselves on purpose in the last year³.

Why do children continue to struggle? Findings would indicate that the two most significant barriers to care are that child and adolescent behavioral health challenges are not assessed or even detected, and that practitioners with appropriate and sometimes specialized training are simply not available to the child and/or family.

Clearly, Georgia's behavioral health workforce must be strengthened if the state hopes to generate more positive child behavioral outcomes. It is encouraging that Georgia's state leadership has recently increased investment in children's behavioral health services, including new appropriations in the FY 18 budget for services administered by public agencies for children birth to age 21 with Autism and those under four years old, and the Governor's establishment of the Children's Mental Health Commission. Nevertheless, an analysis of the **education and training** required to develop new behavioral health providers, opportunities to improve current providers' **scope and practice environment**, and the **support** necessary to retain high quality practitioners to serve children in our state's System of Care (SOC) is key to understanding how the overall workforce can be strengthened.

The workforce must also be competent, meaning that providers are not only educated and trained in the tenets of their practice, but are culturally aware and use evidence-based strategies to meet the current and future needs of the population. Ample secondary, post-secondary, and continuing training opportunities in addition to well-informed licensure policies are central to this kind of workforce development.

Aligned with the focus and work of the Children's Mental Health Commission, this analysis focuses on systems serving children connected with the state in some way (e.g., Medicaid or PeachCare, Department of Children and Family Services). Children connected to state systems often traverse between those systems and experience them simultaneously throughout their childhood. This fluidity underscores the importance of a robust system of care⁴ to meet their needs. They are often our most vulnerable and therefore improvements in Georgia's System of Care workforce illuminate what could be beneficial for all children in Georgia. This analysis also concentrates on 10 core professions that provide the foundation for our state's system of care. We recognize the importance of other positions that provide or support behavioral health services to augment and maximize the impact of those core positions, and as such, reference them in this report (e.g., Certified Peer Support Specialists).

An analysis of the development, capacity, scope, and support of Georgia's foundational behavioral health workforce is key to understanding how our systems of care can be strengthened. This analysis will equip policymakers with information needed to strategize and support the development of a well-defined, coordinated, and sustainable behavioral health workforce. **Our key findings are as follows:**

¹ <https://dbhdd.georgia.gov/suicide-prevention>

² <https://www.ncmhji.com/wp-content/uploads/2016/09/Trauma-Among-Youth-in-the-Juvenile-Justice-System-for-WEBSITE.pdf>

Data reported is national; efforts are underway to obtain state-level data for Georgia.

³ <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/GSHS-Results.aspx>

⁴ System of Care is a "spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and address their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life." [DBHDD System of Care Overview](#)

Education and Training

- Child and Adolescent Psychiatrists, Pediatricians, Psychologists and Psychiatric Nurses have the fewest education and post-graduate training opportunities in Georgia. This can make the path to licensure difficult and discourage degree-seekers and graduates from remaining in Georgia. Taking into account the considerable time and financial commitment required, these professionals need sufficient opportunities to pursue their degree and training.
- Master’s-level professionals, in general, have more options for degree-offering institutions and, consequently, a greater geographic distribution of educational opportunities. They too, however, lack a formal systemic and strategic structure that provides ample supervision opportunities toward licensure.
- To maintain the growth and competency of the behavioral health workforce, state licensure requirements and reciprocity policies should be consistent with the needs of each field. Child and Adolescent Psychiatrists are among the most difficult professionals to source, as are “triple-boarded” physicians. While these providers are highly specialized, their level of expertise in the provision of behavioral health services in the child and adolescent population is much needed to ensure high-quality care. It is crucial that Georgia creates more as well as seamless opportunities for Child and Adolescent Psychiatrists, Psychiatric Nurses and Psychologists to obtain their degree and then complete their post-degree training in Georgia (e.g., residency, internship, post-doc, supervision toward licensure) to help establish a connection to our communities and desire to be a part of them.
- Recent graduates often lack certain skills, training, and confidence necessary to meet the needs of youth, which are often more severe than they’ve experienced (e.g., suicide attempts, history of sexual abuse). Skillsets lacking include administrative skills and capacities (such as establishing medical necessity for service authorization and reimbursement), evidence-based practices and therapies, and other specialized skills.

Scope and Practice Environment

- Administrative burdens often hamper providers and agencies, specifically when providers contract with multiple agencies that all have their own unique requirements. These discrepancies are similarly seen across Medicaid Managed Care Organizations (known in Georgia as Care Management Organizations – CMOs). While Electronic Medical Records have eased some of this burden, community agencies still experience paperwork problems that decrease patient care time and increase overhead costs. Providers and agencies also report a low level of integration between mental health agencies, organizations, and hospitals across the state.
- Although Psychiatric Nurses have a limited selection of education opportunities, they have one of the widest array of authorizations for being reimbursed for service. The array for Georgia’s APRNs is more limited, however, compared to 24 other states (e.g., ability to prescribe the most typical psychotropic medication for ADHD). Given those two findings, there’s opportunity to better leverage this workforce to increase behavioral health service capacity throughout our state given their current scope of practice, and to consider the impact of enhancing their ability to become certified in Georgia, based on lessons learned from other states.
- A number of barriers to effective practice exist for providers in Georgia, including: underutilized and unclear authorization of telehealth service; accountable, transparent, and efficient non-emergency transportation for children and their families; lack of universally understood, evidence-based standards for Medicaid reimbursement rates; and lack of connectivity between crisis and follow up care.

- Licensure reciprocity for licenses obtained in other states is unclear for the positions covered in the analysis, as no publicly available list exists indicating the states from which Georgia accepts licenses. This has a negative impact on the state’s ability to attract qualified professionals, especially in rural Georgia, areas near state borders, and particularly in areas with military bases.
- Georgia lacks consistent, reliable, and quality data on the demographics and practice settings of the behavioral health workforce. This type of data is central to strategic policy decisions and is also crucial to ensuring that the workforce represents the racial, ethnic, and cultural makeup of Georgia.

Support

- Incentive programs such as loan repayments, tax deductions, and extra funding are available for some practitioner types, but providers often face eligibility and administrative barriers. Federal policies that dictate the types of eligible providers and organizations in which they practice hinder Georgia’s ability to maximize incentive programs aimed to retain practitioners here.
- Community agencies have high turnover rates, which are attributed to compensation and patient acuity (i.e., the severity of patients’ needs). Compensation plays a large role in attracting competent professionals to rural and/or high-poverty communities. Retention is heavily influenced by the severity of patients’ needs and how prepared providers feel to handle that acuity.

From these findings we propose the following **key recommendations** that the state could consider:

Education and Training

- Pilot an evidence-based therapy (EBT) training program that ensures the path from degree to licensure with EBT certification. The pilot program would embed EBT certifications into graduate training curriculums, create field placement agreements between graduate training programs and providers, create post-graduate training positions to ensure the path to licensure and increase the use of EBTs, and highlight strategies to increase the number of undergraduate students entering the behavioral health field. This pilot would also help inform a comparative analysis of the current workforce demographics and Georgia’s child and adolescent population demographics.
- Offer scholarships or sponsor cohorts of current licensed practitioners to be trained in targeted evidence-based therapies and obtain Continuing Education Units (CEUs), thereby increasing the use of targeted EBTs.
- Identify a hub entity (e.g., Child Welfare Training Collaborative) to chronicle all trainings offered in five main areas, identify opportunities of alignment and discrepancy in those offerings, review findings with agency leadership, and ultimately develop an online resource for those who need to access the offerings. Ultimately, this would result in the creation of a streamlined process for child and family serving organizations to receive training that would move them in the direction of becoming trauma informed and trauma responsive. Prioritized trainings could include: Mental Health First Aide, Suicide Prevention, Trauma Training, Darkness to Light, and Positive Behavioral Interventions and Supports.
- Explore ways to maximize the increased investment made in residency slots over the last several years by: examining alignment between pediatric and psychiatric residency slots; explore how innovative programs can be included in state funded residency slots; identify how the state can more effectively leverage the existing nurse workforce through innovative programs that certify Master’s-level nurses in psychiatric practice; explore how

programs to advance DFCS social workers to clinical licensure could be expanded to other agencies and partners; and explore opportunities for federal funding increases that support residency slots in Georgia.

Scope and Practice Environment

- Implement a Minimum Data Set Survey completed by practitioners as part of their license renewal process to capture comprehensive, consistent, and reliable data on providers and their practice settings. Include that information in an Annual Report (from the state’s licensing board or other governing entity) presented yearly to the Behavioral Health Coordinating Council and the Interagency Directors Team.
- Develop a statewide map of behavioral health provider locations from currently available data to inform the strategy of the Interagency Director Team.
- Consider ways to maximize tele-consultation, supervision, learning, and service. Consider developing demonstration sites for each of the following purposes: a hotline to provide behavioral health consultations via telephone or video conferencing to primary care physicians on certain types of cases; a project that expands Medicaid reimbursement of Master’s-level, fully licensed practitioners for on-going telehealth services in a targeted geographic area; a project that enables reimbursement or an incentive program for tele-supervision of associate-level practitioners (e.g., LMSWs, APCs, and AMFTs) working toward clinical licensure; and a collaborative residency program for psychiatrists and psychologists that travels to communities across Georgia during their residency/internship/post-doctoral fellowship.
- Consider expanding authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently. Explore the practice and impact in other states (e.g., Alabama, North Carolina).
- Consider conducting a study to establish the full business cost for providing services in targeted settings (e.g., community, school-based health, partial hospitalization) as a means to inform rate settings through a transparent process, and for providing a foundation from which to consider enhanced rates for targeted services (e.g., evidence-based therapies).
- Create a publicly available list of licensure reciprocity standards and the states from which Georgia accepts licenses for incoming professionals. Further, explore the interstate compacts Georgia is currently committed to and opportunities to expand those to more professions, particularly for professionals relocated to due to their spouses’ or family members’ military service assignment.
- Enhance the impact of services provided by the ten core professions by improving the understanding and utilization of professionals that support behavioral health in other settings (e.g., peer support specialists).
- Enhance connectivity and communication between crises addressed by the Georgia Crisis and Access Line (GCAL) system and the care coordination offered by Georgia’s Medicaid Care Management Organizations.

Support

- Consider expanding the professions in loan reimbursement programs offered by the state to include mental health professionals (e.g., Psychologists, LCSWs).

We urge you to explore the body and appendices of this document for more details on the analysis and recommendations.

ACKNOWLEDGEMENTS

Voices for Georgia's Children would like to thank Governor Nathan Deal, the Georgia General Assembly, and State Agency Leadership, all of whom have committed years of hard work to ensure that Georgia's children are healthy and safe. Voices would also like to express gratitude to all those who helped in the development of this analysis by sharing their perspectives, expertise, and time. Finally, Voices would like to express appreciation to the Behavioral Health Philanthropic Collaborative, without which this analysis would not have been possible.

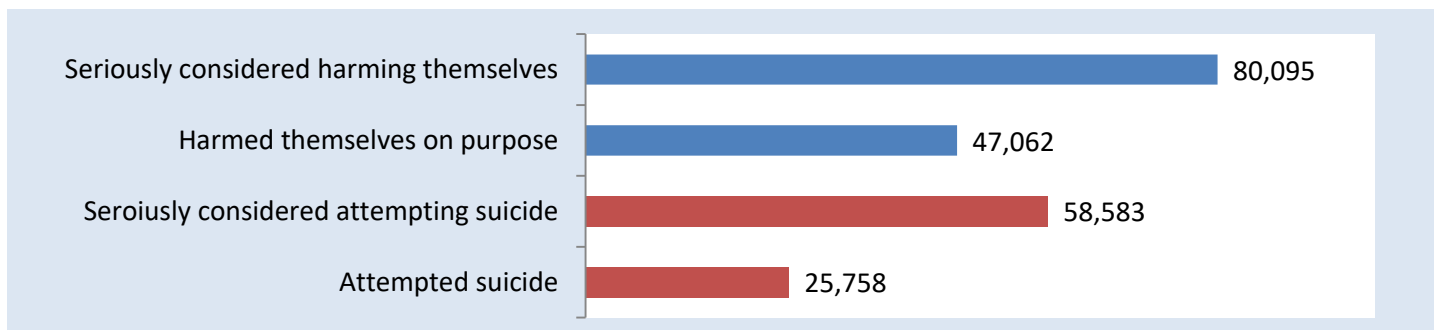
INTRODUCTION

Overview

Problem

An array of indicators shows us that in Georgia, child and adolescent mental health needs go largely unmet. In fact, suicide is the third leading cause of death for children ages 10 to 24 in Georgia⁵, 75 percent of children involved in the juvenile justice system have experienced traumatic victimization⁶, and when surveyed, more than 80,000 sixth through twelfth graders in Georgia report that they have seriously considered harming themselves on purpose in the last year⁷.

Graph 1: Georgia's Students Self-Reported Self-Harm and Suicide⁷



- In 2017, the youngest child on record to have committed suicide was 9 years old⁵
- 65.5% of youth in Georgia with major depression do not receive adequate mental health services⁸
- 88.7% of youth in Georgia with severe major depression do not receive consistent treatment⁸

Our current workforce is not able to meet the needs of our children:

- Georgia ranks 43rd out of 50 states on Access to Care measures and 48th on Mental Health Workforce Availability⁸
- Georgia has a “Severe Shortage” of Child and Adolescent Psychiatrists (7.5 per 100,000 children)⁹
- 76 of 159 counties did not have a licensed psychologist and 52 of 159 counties did not have a licensed social worker in 2015¹⁰
- Approximately 108 geographic areas, facilities, and populations are designated as Mental Health Professional Shortage Areas in Georgia¹¹

⁵ <https://dbhdd.georgia.gov/suicide-prevention>

⁶ <https://www.ncmhjj.com/wp-content/uploads/2016/09/Trauma-Among-Youth-in-the-Juvenile-Justice-System-for-WEBSITE.pdf>

Data reported is national; efforts are underway to obtain state-level data for Georgia.

⁷ <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/GSHS-Results.aspx>

⁸ <http://www.mentalhealthamerica.net/issues/state-mental-health-america>

⁹ http://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

¹⁰ National Center on Birth Defects and Developmental Disabilities.

¹¹ <https://datawarehouse.hrsa.gov/tools/hdwreports/Reports.aspx>

Need

In order to improve network adequacy, access to care, and child behavioral health outcomes in Georgia, the state's behavioral health workforce must be strengthened. Key decision makers need consistent, reliable, and comprehensive information on workforce capacity to address this issue.

Purpose

An analysis of the development, capacity, scope, and support of Georgia's behavioral health workforce is key to understanding how it can be strengthened. This analysis will equip policymakers with the foundational information needed to strategize and support the development of a well-defined, coordinated, and sustainable behavioral health workforce.

Focus Areas

This analysis examines the current training opportunities and existing workforce to identify ready opportunities. The analysis and resulting recommendations are grouped into three main areas:

1. **Education and Training** to develop the workforce: Preparation, degree-based education, training, and licensing of the workforce.
2. **Scope and Practice Environment** to strengthen workforce capacity: Ability of the workforce to meet the behavioral health needs of the child and adolescent population.
3. **Support** that influences retention: Measures in place to maintain and incentivize the workforce.

Methods

This analysis focused on the creation, capacity, and support of ten core behavioral health professions, at the licensed and associate-levels:

- Child and Adolescent Psychiatrists (CAP)
- Pediatricians (Ped)¹²
- Clinical Psychologists (Psych)
- Psychiatric Nurses (APRN – CNS/PMH)
- Licensed Clinical Social Workers (LCSW)
- Licensed Professional Counselors (LPC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Master's Social Workers (LMSW)

¹² While pediatricians are not "behavioral health" professionals, they often serve as the health provider that addresses child and adolescent behavioral health needs due to the lack of behavioral health practitioners available in most communities throughout Georgia. Therefore, although they are not the focus of this analysis, it is important to include them.

- Associate Professional Counselors (APC)
- Associate Marriage and Family Therapists (AMFT)

Data was gathered from publicly available, authoritative sources via Internet searches and in-person and telephone interviews. Publicly available, authoritative sources included:

- Official Code of Georgia Annotated
- Rules and Regulations of the State of Georgia
- Georgia state agencies and departments
- Licensing boards and accreditation entities
- State and national professional associations
- Georgia universities and colleges

Interviews were conducted when data was either not publicly available or further clarification was needed from sources such as:

- Behavioral health providers and agencies in Georgia
- State agency personnel
- Georgia universities and colleges

For a comprehensive list of data sources, please see [Appendix U](#). For interview protocols and agencies contacted, please see [Appendices P – R](#).

FINDINGS

Education and Training

Introduction

Georgia’s System of Care (SOC) must leverage the skills and abilities of all professions (both licensed and certified) that provide, support, or increase early access to behavioral health services. Through this lens, providers of all degree types, capacities, and levels are considered integral parts of a robust behavioral health workforce. With strategic attention paid to preparation and training, these providers can enter the workforce better prepared and supported as they work toward licensure and ultimately serve Georgia’s children.

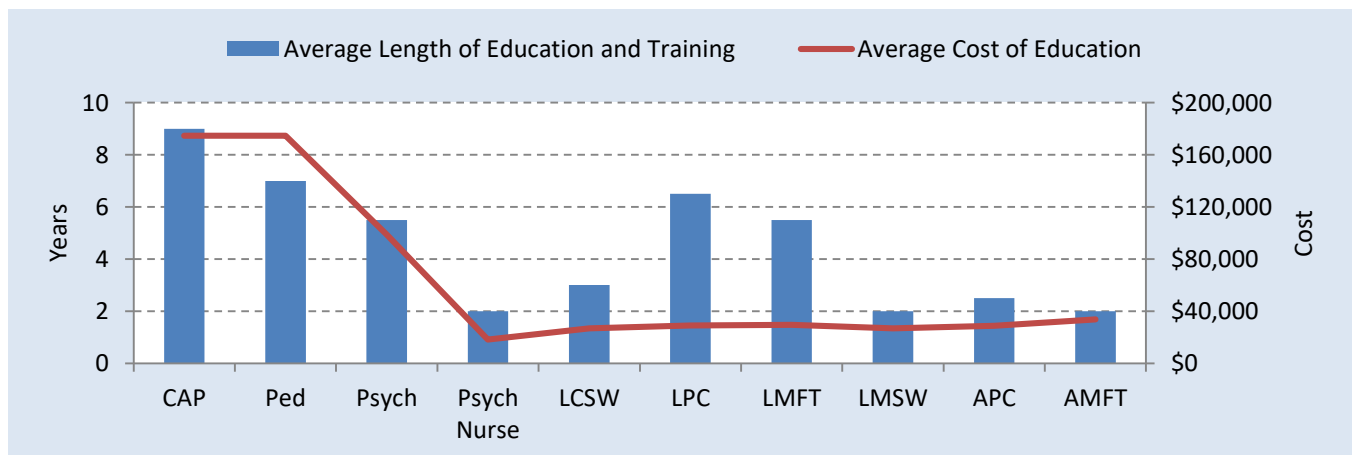
The workforce must be competent as well, meaning that providers are not only educated and trained in the tenets of their practice, but are culturally aware and use evidence-based strategies to meet the current and future needs of the population. Ample secondary, post-secondary, and continuing training opportunities in addition to well-informed licensure policies are central to this kind of workforce development. With this in mind, the following findings about the creation and development of Georgia’s workforce highlight current barriers faced by individuals seeking to become providers.

Education and Training

Child and Adolescent Psychiatrists, Pediatricians, Psychologists and Psychiatric Nurses generally have the greatest independent authority to order and provide services, however, they have the fewest education and post-graduate training opportunities. This can make the path to licensure for these providers difficult and can discourage degree-seekers and graduates from remaining in Georgia. Taking into account the considerable time and financial commitment required, these professionals need sufficient opportunities to pursue their degree and training; particularly given the unique and vast ability to order and provide almost all services.

For further detailed information about degree and training programs, graduates, and geographic distribution please see [Appendices A - F](#). For an interactive map of the geographic distribution of degree and training programs, please visit <http://tabsoft.co/2wQlnd9>. Please note that, unless otherwise stated, the following findings reflect the minimum degree requirements for licensure.

Graph 2: Length and Cost of Education and Training



- **Child and Adolescent Psychiatrists (CAP)** spend between \$123,000 (public) and \$191,000 (private) on 4 years of medical school and 5 years of post-graduate training to obtain their license and board certification. There are only 4 medical schools offering medical degrees and only 2 post-graduate programs to train Psychiatrists in the state. Child and Adolescent Psychiatrists require certifications in both Adult and Child and Adolescent Psychiatry, which contribute to the lengthy time for education and training. In 2016 there were 13 slots in Child and Adolescent post-doctoral training programs available in Georgia.
- **Pediatricians (Ped)** spend between \$123,000 (public) and \$191,000 (private) on 4 years of medical school and 3 years of post-graduate training for their license and board certification. There are only 4 medical schools offering medical degrees and only 5 post-graduate programs to train pediatricians in the state. In 2016 there were 174 slots in Pediatric post-doctoral training programs available in Georgia.
- **Psychologists (Psych)** spend between \$69,000 (public) and \$201,000 (private) on 5.5 years of education and post-graduate training for their license. There are 5 schools offering doctoral degrees in Psychology, 5 post-doctoral residency program, and 11 internship programs. However, opportunities for training and service in rural areas are minimal, as 12 of these 16 programs are located in the Metro Atlanta area. There are approximately 30 funded positions in the post-doctoral residency programs and 51 in the internship programs. Further, in 2016 there were 73 graduates of doctoral psychology programs.
- **Psychiatric Nurses (Psych Nurse)** do not require doctoral degrees, rather Master's degrees with a specialization, and they spend approximately \$18,000 (public) on 2 years of education. Psychiatric Nurses are not required to have post-graduate training beyond their education if their degree was obtained within 4 years of applying for licensure. Although their requirements are less extensive, there are only 5 institutions in Georgia offering degrees for Psychiatric Nurses, and in 2016 there were only 5 graduates from these programs. Of these programs, four offer certification for professionals who already hold a master's degree in nursing.

Master's-level professionals, in general, have more options for degree-offering institutions and, consequently, a greater geographic distribution of educational opportunities. For these professionals, degree programs typically cost less than \$30,000 and take approximately 2 – 2.5 years to complete. The degree with the greatest consistency in degree programs offered is a Master's degree in Social Work. These and other factors contribute to a larger number of graduates in these fields. However, especially in the case of Licensed Marriage and Family Therapists (LMFTs), the variety of degrees accepted for licensure can undermine the consistent preparation of future providers. The number of unique degree fields that comprise the LMFT distinction creates variability in training, standards, and clinical approach that makes standardization of care challenging.

- **Licensed Clinical Social Workers (LCSW)** spend approximately \$22,000 (public) and \$54,000 (private) on 2 years of education and 3 years of post-graduate direct, supervised experience. The degree required for these professionals takes 2 years to complete and is offered by 7 institutions across the state. **Licensed Master's Social Workers (LMSW)** on their way to clinical licensure can also complete their degrees at these programs. In 2016, there were 494 graduates of MSW programs leading to Master's and Clinical Social Work licensure. However, not all of these graduates will pursue clinical licensure.
- **Licensed Professional Counselors (LPC)** can obtain degrees in three related fields (counseling, applied psychology, and rehabilitation psychology) and therefore have more options for education. They spend between \$24,000 (public) and \$51,000 (private) on 2.5 years of education and 4 years of post-graduate direct, supervised experience to obtain their license. Professionals who pursue full licensure have 16

institutions to choose from, while those initially seeking to become **Associate Professional Counselors (APC)** have 14 institutions. These associate-level professionals can obtain degrees in one of three different fields and will spend approximately 2.5 years in school.

- **Licensed Marriage and Family Therapists (LMFT)** have the largest range of degree fields accepted for licensure. Although those initially seeking to become **Associate Marriage and Family Therapists (AMFT)** can only obtain degrees in one field, those who initially pursue full licensure can hold degrees from 10 different fields (marriage and family therapy, counseling, social work, medicine, psychiatric nursing, applied psychology, divinity, theology, applied child and family development, or applied sociology). Because of this variety, there are 21 institutions in the state offering degree programs for LMFTs and, in 2016, there were 2,216 degrees awarded that could lead to full licensure. On average, fully licensed professionals spend between \$21,000 (public) and \$80,000 (private) on 2.5 years of education and 3 years of post-graduate direct, supervised experience.

Table 1: Education Overview by Profession

	Minimum Degree Required	Degree Fields Accepted	Institutions Offering Degrees	Programs Offering Degrees	Available Training Programs	Average Degree Length	Average Degree Cost (Public-Private)	2016 Grads
CAP	Doctoral	1	4	4	2	4	\$123k \$191k	13
Ped	Doctoral	1	4	4	5	4	\$123k \$191k	174
Psych	Doctoral	1	5	9	16	5.5	\$69k \$201k	73
Psych Nurse	Master's	1	5	7	-	2	\$18k -	5
LCSW	Master's	1	7	7	-	2	\$22k \$54k	494
LPC	Master's	3	16	27	-	2.5	\$24k \$51k	443
LMFT	Master's	10	21	42	-	2.5	\$35k \$80k	2,216
LMSW	Master's	1	7	7	-	2	\$22k \$54k	494
APC	Master's	2	14	23	-	2.5	\$24k \$51k	443
AMFT	Master's	1	2	2	-	2	\$21k \$46k	62

Licensure

The road to licensure extends past education and training, and professionals must also meet certification, examination, continuing education, and renewal requirements. While requirements for certification and examination vary by profession, all license holders must obtain continuing education and must renew their license every 2 years. There are also reciprocity rules governing when licenses can be accepted from other states, and these differ by provider type. For further details about licensure please see [Appendix G](#).

- **Child and Adolescent Psychiatrists** must hold a medical license and complete 3 years of post-graduate training before becoming board certified in adult/general psychiatry. Final certification in the child and adolescent subspecialty requires an additional 2 years of post-graduate training and successful completion of the Child and Adolescent Psychiatric Certifying Exam. Psychiatrists with licenses in other states must first obtain a Georgia medical license before practicing in the state, except when providing services in federal installments.
- **Pediatricians** must hold a medical license and complete 3 years of post-graduate training before becoming board certified in pediatrics. Certification requires successful completion of the General Pediatrics Certifying Exam. Pediatricians with licenses in other states must first obtain a Georgia medical license before practicing in the state, except when providing services in federal installments.
- **Psychologists** do not need certifications, but must pass three exams to become fully licensed in the state of Georgia. These exams include the national Exam for the Professional Practice of Psychology, and state Jurisprudence and Oral Exams. If certain criteria are met, licensed professionals from other states can obtain a Georgia license and practice without retaking these exams. However, there is not a published list of states for which reciprocity is given.
- **Psychiatric Nurses** need three certifications before they are able to fully practice: 1. Registered Nurse License, 2. National Certification as a Clinical Nurse Specialist in Psychiatric/Mental Health Nursing, and 3. authorization as an Advance Practice Registered Nurse. These professionals must pass one exam to become licensed, the National Council Licensure Exam for Registered Nurses. If certain criteria are met, licensed professionals from other states can obtain a Georgia license and practice without retaking these exams. However, there is not a published list of states for which reciprocity is given.
- **Licensed Clinical Social Workers** require no certification and must pass the Clinical Social Work Exam to become licensed. **Licensed Master's Social Workers** must pass the Master's Social Work Exam. If certain criteria are met, licensed professionals from other states can obtain a Georgia license and practice without retaking these exams. However, there is not a published list of states for which reciprocity is given.
- **Licensed Professional Counselors** and **Associate Professional Counselors** require no certification and must pass either the National Counselor Exam or the National Clinical Mental Health Exam prior to licensure. If certain criteria are met, licensed professionals from other states can obtain a Georgia license and practice without retaking these exams. However, there is not a published list of states for which reciprocity is given.
- **Licensed Marriage and Family Therapists** and **Associate Marriage and Family Therapists** require no certification and must pass the Marriage and Family Therapy Exam prior to licensure. If certain criteria are met, licensed professionals from other states can obtain a Georgia license and practice without retaking these exams. However, there is not a published list of states for which reciprocity is given.

It is necessary to combine any assessment of licensure policies with perspectives from the field about the education and training of professionals. Providers and agencies report that recent graduates often lack certain skills, training, and confidence necessary for serving populations in need of behavioral health services. Specifically, interviews yielded that recent graduates lack:

- Efficiency and time-management skills to survive in a high-paced environment
- Overall generalist training to address a wide range of patient needs
- Exposure to the amount of paperwork necessary for treating Medicaid populations
- Experience submitting authorization requests to insurance providers (e.g., appropriately articulating clinical justifications for treatments, assessments)
- Training in evidence-based practices, especially Dialectical Behavior Therapy (DBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Exposure to a community-based, family-systems model of clinical care (as opposed to a purely medical model)
- Skills to address life threatening behaviors, such as, suicidality, and self-harming behaviors
- Skills to address complex trauma, including history and current sexual assault and abuse

Providers and agencies also highlight the following clinical skills as necessary for strengthening the workforce's competence and efficacy:

- Assessment and treatment of autism spectrum disorders
- Integrated behavioral health/pediatric primary care
- Trauma-informed interventions (e.g., TF-CBT for abuse, neglect, and domestic violence)
- Environmental trauma (e.g., poverty, racial discrimination)
- Family-systems orientation/model
- Assessment and treatment of suicidal ideation and attempts
- Assessment and treatment of self-harming behaviors
- Assessment and treatment of sexual abuse

In order to maintain the continued growth, vibrancy, and competency of the behavioral health workforce in Georgia, it is important that state licensure requirements and reciprocity policies are consistent with the needs and best practices of each professional field. Across the state, providers and agencies report that Child and Adolescent Psychiatrists are among the most difficult to source, as are "triple-boarded" physicians (i.e., those licensed in adult psychiatry, child/adolescent psychiatry, and pediatrics). While these providers are highly specialized, their level of expertise in the provision of evidence-based behavioral health services in the child and adolescent population is much needed to ensure high-quality care for Georgia's youth.

It is crucial that Georgia strike a balance between easing the path to practice for professionals relocating from other states while simultaneously maintaining the high-level skills, knowledge, and practice standards of the state. Within rural Georgia, providers and agencies report that fully licensed Master’s-level clinicians are equally as difficult to source. Reciprocity policies must reflect the growing need for a robust workforce in underserved regions of the state, while ensuring that Georgia’s youth receive the quality of care commensurate with national standards.

One example of an innovative effort to boost the behavioral health workforce in Georgia is the Post-Pediatric Portal Program at the Medical College of Georgia in Augusta. This program trains certified Pediatricians as adult and as child and adolescent psychiatrists simultaneously, cutting down on overall training time without losing high quality experience or instruction. Professionals finish the programs as triple boarded physicians in pediatrics, adult psychiatry, and child and adolescent psychiatry. The program at the Medical College of Georgia typically only has funding for one student per year in Georgia.

Scope and Practice Environment

Ordering and Providing Services

While all professions covered within this analysis have the ability to order and/or provide behavioral health services to children and adolescents in Georgia, there are specific differences between the degrees of authorization allowed across disciplines. In order to ensure both the availability and quality of services across the state, it is important that these authorization privileges are more appropriately aligned with the education and training of each provider type. For more specific details about ordering and providing services please see [Appendices I and M](#). Keep in mind, when the “ability to provide services” is discussed, it is not an indication of what providers are “capable of” per their training, it is an indication of what is permitted by the state to be reimbursed by Medicaid.

- **Child and Adolescent Psychiatrists, Pediatricians, and Psychiatric Nurses** can order any service, meaning they are authorized to prescribe services that can then be reimbursed when provided by lower-level providers. This highlights two misalignments between education and authorization privileges. First, **Psychologists** cannot order any service, even though they are also Doctoral-level professionals. Second, Psychiatric Nurses are able to order any service, with less education (2.5 years) and access to fewer educational opportunities (2 institutions offering the minimum degree required for certification). The distribution of these professionals (i.e., low number of active Child and Adolescent Psychiatrists and Psychiatric Nurses, higher number of active Psychologists in the state) suggests the need for expanded access to educational opportunities for those that can order all services and/or expanded authorization for Psychologists.
- **Child and Adolescent Psychiatrists and Pediatricians** fall under the “Physician” category of service ordering and provision. For that reason, they have identical authorizations and, together, have the most limited array of services for which they can be reimbursed by Medicaid. For example, these professionals cannot be reimbursed for Behavioral Health Assessments, Intensive Family Interventions, or Service Plan Development, while all other professionals (including those at the associate-level) can.
- **Psychiatric Nurses** not only have the widest authorization to order services, but also to be reimbursed for providing services. However, they have access to the fewest education opportunities in Georgia, with only 4 institutions offering the minimum degree required for certification. While Psychiatric Nurse Practitioners can

prescribe medications similarly to Psychiatrists, there are restrictions on the type of medications they can provide. For example, they cannot prescribe Schedule 2 drugs, which is often the schedule ADHD medications are under. There are 24 states in which Nurse Practitioners have full practice authority – Georgia is not one of them.

- **Psychologists** and Master’s-level, fully-licensed professionals (**Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists**) have identical authorizations for ordering and providing services. Psychologists and LCSWs have degree requirements based in singular fields, making the skills they graduate with more straightforward and consistent within their professions. In contrast, **Licensed Marriage and Family Therapists** draw students from 10 unique fields and, therefore, the understanding of their skill and knowledge base is less clear and straightforward. This is noteworthy when considering that a professional with a Master’s degree in Applied Sociology has the same authorizations as a professional with a Doctoral degree in Clinical Psychology.
- Associate-level professionals (**Licensed Master’s Social Workers, Associate Professional Counselors, and Associate Marriage and Family Therapists**) are not authorized to order any service, but can be reimbursed for just as many services as Master’s-level professionals (**Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists**).

Perspectives from the field highlight a number of barriers for professionals ordering and providing services. Of note is a lack of clarity about which services are authorized for delivery via telehealth. Combined with the need for expanded authorization, it is reported that telehealth is underutilized by providers. Currently, telehealth is primarily used for Psychiatrists to provide consultation and supervision. However, providers in rural areas have expressed a need for expanded telehealth services that include the authorization of Master’s-level clinicians to provide these services. Other barriers to service provision include:

- Sufficient transition plan creation and follow-up after children and adolescents are released from inpatient hospitalization
- Tracking quality of care in inpatient hospitals and DFCS in-home services due to variable training and education within this provider pool
- Providing immediate follow-up care to children and adolescents who present to emergency departments with acute behavioral health care needs, but are not admitted for inpatient stays
- Lack of access to inpatient hospitals in rural Northeast Georgia (RiverEdge and Viewpoint are the only two inpatient hospitals in this area and are two hours apart. Further, parents cannot ride in the ambulance with their children to these locations, creating additional financial and emotional burdens for families in crisis.)
- Highly unreliable and unaccountable Medicaid transport in community settings (i.e., when not traveling to/from the hospital) resulting in high no-show rates and inconsistent treatment, which results in poor patient outcomes

Administrative and Payment Conditions

In general, professions are grouped into four levels for reimbursement of services within public insurance (i.e., Medicaid) – although, this is typical for private insurance as well:

- Practitioner Level 1: Child and Adolescent Psychiatrists and Pediatricians

- Practitioner Level 2: Psychologists and Psychiatric Nurses
- Practitioner Level 3: LCSWs, LPCs, and LMFTs
- Practitioner Level 4: LMSWs, APCs, and AMFTs

Apart from the services that are reimbursed at a flat rate across all levels (e.g., Community Transition Planning, Community Support, Family Training), professionals in the first and second levels are reimbursed at a higher rate, followed by the third and fourth levels. For specific details about reimbursement rates, place of service, and service descriptions, please see [Appendices I – N](#).

Administrative burdens often hamper providers and agencies, specifically when providers contract with multiple agencies that all have their own unique requirements. These discrepancies are similarly seen across Medicaid Managed Care Organizations (Care Management Organizations – CMOs). Although Electronic Medical Records have eased some of this burden, community agencies that provide in-home services still experience paperwork burdens that can decrease patient care time and increase overhead costs. Providers and agencies also report a low level of integration between mental health agencies, organizations, and hospitals across the state. A lack of communication and coordination between these service providers can create patient confusion, lead to poor workflow, and place extra burdens on providers and families. Other payment and administrative barriers exist at the provider and agency level that hinder timely and efficient treatment, as reported in stakeholder interviews, including:

- Inconsistent reimbursement rates and utilization management services between the four Medical Care Management Organizations in Georgia (e.g., two children with the same diagnosis can receive differing authorizations)
- Health insurance lapses and more frequent renewal periods are especially problematic for the highly vulnerable nature of individuals receiving Medicaid (i.e., many patients lose insurance coverage and are unaware prior to presenting for treatment; renewal periods now occur every 6 months as opposed to annually)
- Comparatively low processing time for Medicaid eligibility to other states
- Lengthy authorization period for acute services within vulnerable populations (e.g., 2-3 week turnaround for authorization of Intensive Family Intervention services)
- Medicaid does not reimburse psychologists for health and behavior or psychotherapy codes in the hospital setting when the child is receiving inpatient services for chronic illness (e.g., pediatric psychology)
- Medicaid requires that a child must go to the emergency department and be medically-cleared before they can go to an inpatient hospital (which results in wait times up to 6 hours in length per GCAL requirements)
- Lack of consistency between what is allowable in the state’s Medicaid State Plan and what is reimbursed by CMOs; the discrepancy reported was particularly stark between settings (e.g., one service is reimbursed at a higher rate in in-patient settings versus outpatient settings making it more challenging to keep children in their home communities)
- Confusion around the National Correct Coding Initiative (NCCI) edits (e.g., what services are authorized for provision on the same day and which combination of codes are allowed)

Understanding the capacity of the behavioral health workforce requires an examination of the individuals that make it up. Not only is it necessary to know how many professionals serve children in Georgia, but also to understand their geographic distribution, demographic characteristics, and status as providers. However, current data sources covering these topics are limited in their quality, reliability, and consistency among professions. For these reasons, the only data that can be reported with confidence at this time are the number of active licenses for each profession. Efforts are underway, in collaboration with the Georgia State University Center of Excellence for Children’s Behavioral Health, to accurately map the geographic distribution of the workforce. For specific information about graduates and degree programs, please see Table 2 and [Appendix C](#). For an interactive heat map of provider locations by the county on their license registration, please visit <http://tabsoft.co/2fm7Fu8>. Please note that this map shows only the counties in which providers’ licenses are registered, not the counties in which they practice (or if they are currently in active practice). Additionally, even if they are actively practicing, providers included in this count may not actively be providing services to children, youth, and/or adolescents

Table 2: Active Licenses and Graduates by Profession

	2016 Grads	Active Licenses	Active Licenses per 100,000 children ¹³	Counties Number	Counties Percent
CAP	13	186	7.5	29	18%
Ped	174	2,103	84.6	94	59%
Psych	73	2,400	96.6	80	50%
Psych Nurse	5	230	9.3	53	33%
LCSW	494	3,889	156.5	116	73%
LPC	443	6,799	273.6	139	87%
LMFT	2,216	872	35.1	83	52%
LMSW	494	2,750	110.6	120	75%
APC	443	1,450	58.3	104	65%
AMFT	62	115	4.6	28	18%

In regards to demographics, providers and agencies report that cultural diversity of the provider population is lacking, particularly for Asian and Latino populations. However, professional associations do not appear to be collecting demographic data for their members (e.g., race, gender, age, education, practice location) and are reticent to share data that is collected. Further, it is reported by providers and agencies that the community and hospital-based workforce appears to be relatively young (approximately less than 10 percent of providers at agencies are within five years of retirement).

Support

Incentive Programs

¹³ Based on Georgia child population of 2,485,317. US Census Bureau, ACS 2015 5-Year Survey, Table S0901 Children Characteristics.

Incentive programs come in the form of state and national loan repayment programs, tax deductions, and extra funding. A majority of the incentive programs provide benefits for Child and Adolescent Psychiatrists and Pediatricians, with limited programs also available for Psychiatric Nurses, LCSWs, LPCs, and LMFTs. Although incentive programs do exist, providers often face eligibility and administrative barriers within the programs. In some cases, federal policies that dictate the types of eligible providers and organizations in which they are employed hinder professionals' ability to leverage incentive programs to practice in Georgia. For example:

- The Georgia Board for Physician Workforce Loan Repayment Program provides a loan repayment program for physicians (including pediatricians and psychiatrists) that practice in health professional shortage areas. The program, funded by the State of Georgia and the federal government, provides loan repayment of up to \$25,000 per year for two to four years. However, providers must practice at sites that accept all patients regardless of ability to pay despite reports that many of these sites don't receive funds for indigent care.
- The Health and Resources and Services Administration Scholarships for Disadvantaged Students Program funds scholarships for disadvantaged and minority students at selected schools enrolled in health professions programs. This program provides up to \$30,000 in scholarships to students from disadvantaged backgrounds. However, only two universities (University of Georgia and Georgia Southern University) in Georgia receive funding from this program to encourage students to pursue health professions.

For more details on the incentive programs available in Georgia, please see [Appendix O](#).

Compensation

Providers and agencies report high turnover rates in community agencies, especially compared to hospitals or private agencies. These high rates are most often attributed to compensation and patient acuity. Compensation plays a particularly large role in attracting and retaining competent professionals in rural and/or high-poverty communities. Although consistent data on salary is not available for comparison between state and national/industry standards, perspectives from the field do highlight gaps in starting levels.

- Interviews with providers found that starting salaries for Child and Adolescent Psychiatrists at a large metro Atlanta hospital are approximately \$140,000 while industry standards range between \$180,000 and \$215,000.

Supervision

Some individual discussions highlighted the struggles of individuals to gain supervised hours towards licensure. This is particularly true for providers working at smaller agencies or organizations and in rural Georgia. Compared with larger agencies that have more resources and adequate staffing, the licensed professionals at these smaller agencies have high caseloads and less availability to provide supervision.

The Preceptor Tax Incentive Program enhances medical doctors' capacity to provide supervision by incentivizing them with \$1,000 for every 160 hours of supervision they provide to physician assistants, nurse practitioners, or medical students enrolled in eligible Georgia schools. Nurse practitioners and physician assistants are not currently eligible to receive the tax incentive through this program.

RECOMMENDATIONS

Next Steps

Pilot an Evidence-Based Therapy training program that ensures the path from degree to licensure with EBT certification¹⁴

Objectives: 1. Implement a pilot that ensures graduates enter the workforce ready to use evidence-based therapies (EBT) (i.e., earn certification while in graduate school) and ensure providers are ready to hire them; and 2. Increase the number of undergraduate students pursuing careers in the behavioral health field through concrete and cost-effective strategies.

Impact Timeframe: Immediate to Intermediate

Cost: \$

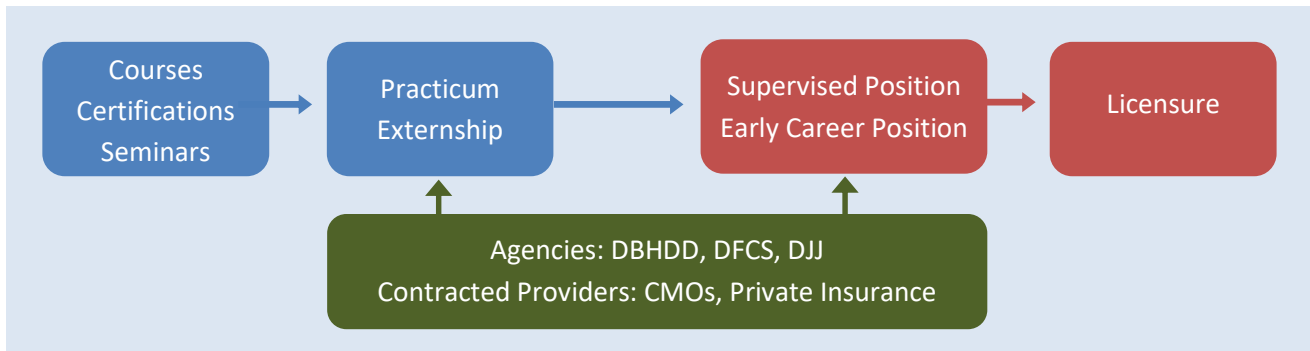
Key Partners: Accredited post-baccalaureate degree programs, UGA (per below), training programs, DBHDD, DFCS, core providers, other providers in targeted geographic areas

Next Steps: Convene facilitated small group discussions with participants from accredited post-baccalaureate degree programs, training programs, agencies, CMOs, private insurance, and providers in the field. In designing these facilitated discussions, consideration should be given to participation of families. Consult with the University of Georgia based on their previous work with DBHDD and their demonstrated focus group model to address workgroup issues. Facilitation of the groups will be based on findings from the survey and focus groups conducted by DBHDD's Workforce Manager in collaboration with UGA.

The pilot will:

1. Embed in graduate training curriculum one or more evidence-based therapy certification or training, based on needs identified by providers working with Georgia's children and families.
2. Create field placement training agreements between graduate training programs and providers (including but not limited to DBHDD, DFCS and Medicaid core providers, FQHCs) to provide clinical training in EBTs as part of the curriculum.
3. Create post-graduate training positions (1-2 years depending on licensure requirements) that will support and ensure a path to licensure for graduates and increase the use of EBTs and other evidence-based service models in Georgia. Example include: integrated physical and behavioral health practice, Trauma Informed Cognitive Behavioral Therapy, Cognitive Behavioral Intervention for Trauma in Schools, Parent Child Interaction Therapy, Child Parent Psychotherapy.

¹⁴ We strongly encourage any pilot project to include an evaluation component that includes a consumer-based element (e.g., consumer survey)



4. Research and identify a strategy and accompanying actions to increase the number of college students choosing to enter the behavioral health field. Strategies to research include the Georgia Statewide AHEC Network of Community Based Education and the proposal of the Annapolis Coalition on the Behavioral Health Workforce to cultivate local behavioral health champions in target communities.
5. Complete a comparative analysis of the current workforce demographics (e.g., race, ethnicity and language) and Georgia’s child and adolescent demographics.

Certified Peer Support Workforce Key Informant Interviews

Objective: Better understand what is needed to successfully integrate Family and Youth Peer Support Specialists into the System of Care and support children with high needs through a series of key informant interviews and analysis.

Impact Timeframe: Intermediate

Cost: No additional cost

Key Partners: DBHDD, Voices, Core Providers

Next Steps: Voices collaborates with DBHDD’s Workforce Development Manager (and other partners identified by DBHDD and Voices) to design a work plan for the interviews.

In partnership with DBHDD’s Workforce Manager, design and implement individual and small group interviews with providers delivering high-end services to:

1. Identify model practices to support children with the most severe and intense needs in both the private and public sectors to facilitate shared learning.
2. Better understand the needs of providers that treat children with the most severe needs and how Family and Youth Peer Support Specialists can be effectively supported and integrated into the treatment model.

Mapping

Objective: Know the location of practitioners that provided behavioral health services to children enrolled in Medicaid in the past 18-months. Provide a strong, geographically-based estimate of the systems of care workforce to inform IDT strategy and action plans.

Impact Timeframe: Immediate

Cost: No additional cost

Key Partners: DCH, GSU Center of Excellence, Carter Center, Voices, Behavioral Health Coordinating Council

Next Steps: Voices will continue working with GSU Center of Excellence and the Carter Center to develop a map that shows the geographic distribution of primary practice locations of behavioral health providers serving children and adolescents in the past year.

Continue collaboration with the Center of Excellence for Children’s Behavioral Health (COE) and The Carter Center towards a comprehensive and accurate provider map. License lists obtained from the Office of the Secretary of State and the Georgia Composite Medical Board contain addresses for active professionals in the state. However, many of these addresses are out-of-date, inaccurate, or incomplete. Based on the accuracy of this data, only heat maps can be created to highlight geographic distribution of professionals at the county-level. Working with the COE, multiple data sources will be cross-referenced to pin-point accurate addresses for professionals’ primary practice locations. Claims data from the Department of Community Health (DCH) and provider listings from the Care Management Organizations (CMOs) will be utilized to verify that listed providers accept public insurance and serve children. Data can then be mapped according to latitude and longitude or address, rather than only at the county-level. It is expected for this work to take place over the next few months. The map of providers will be available to Georgia’s children and families as a resource to find a provider and increase access to care.

Conduct Supplemental Workforce Analysis

Objective: Conduct a supplemental workforce analysis of professionals that support behavioral health in non-clinical areas (e.g., school social workers), thereby providing a more holistic understanding of Georgia’s behavioral health workforce capacity.

Impact Timeframe: Immediate

Cost: \$

Key Partners: DBHDD, DCH, DFCS, DOE, DPH, University System of Georgia

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD, DCH, and DPH, the Director of DFCS, and Superintendent of GA DOE on the utility of a supplemental analysis that addresses the non-clinical workforce that supports behavioral health.

Robust Systems of Care include professionals that support behavioral health but are in non-clinical areas. These include school-based providers, afterschool (out-of-school time) providers, and child care providers. Completion of a supplemental analysis that includes these providers will illustrate the full scope of Georgia’s behavioral health workforce.

Policy and Practice Recommendations

Implement a Minimum Data Set Survey

Objective: Implement a basic data survey at the point of license renewal for behavioral health practitioners, including location of practice (e.g., zip code), age ranges of patients, setting of practice (e.g., hospital, school), demographics of practitioner (e.g., age, ethnicity, languages spoken), to provide the state with basic data needed for effective strategic planning.

Impact Timeframe: Immediate

Cost: \$

Key Partners: Secretary of State, Medical Composite Board, Behavioral Health Coordinating Council

Implement a questionnaire that providers complete when renewing their license to capture demographic and practice information, including indication if the practitioner is actively seeing patients, age groups served by the practitioner, the practitioner's workplace setting, and the number of hours per week the practitioner is working with patients. See [Appendix T](#) for an example of a Minimum Data Set Survey developed by the Behavioral Health Workforce Research Center at the University of Michigan School for Public Health. This example, however, does not capture estimates of patient demographic data (e.g., race, gender, and age), which would enable the state to determine how many licensed providers are actively seeing patients, the age range of their patients, where they practice (e.g., school-setting, private practice), and whether they are actively seeing patients on Medicaid. Collection of this information would not be exact counts, but rather a check-the-box indication if any of the patients seen during the license period met those demographic criteria. No adequate, coordinated data source currently exists to comprehensively collect data on Georgia's behavioral health workforce that could inform strategic decisions and planning. Other states do currently implement this type of survey (e.g., Virginia).

Next Steps: For the Minimum Data Set Survey and the Annual Report, Voices will follow up with the Director of the Office of Children, Young Adults and Families at DBHDD to support finding any additional resources needed to explore the possibility of implementing this in Georgia.

Compile an Annual Report

Objective: State licensing boards provide annual reports to the Behavioral Health Coordinating Council and Interagency Directors Team based on the Minimum Data Set Survey. The IDT utilizes the report to make updates to Georgia's System of Care Strategic Plan and other key reform efforts (e.g., implementation of the Governor's Children's Mental Health Commission recommendations), including strategies to better align demographics of the workforce to the population it serves.

Impact Timeframe: Immediate

Cost: \$

Key Partners: Secretary of State, Medical Composite Board, Behavioral Health Coordinating Council, Interagency Directors Team

Implement an annual report from the Secretary of State's Office to the Behavioral Health Coordinating Council (BHCC) and Interagency Directors Team (IDT) on the location of licensed child and adolescent behavioral health

practitioners. The annual report would be purely quantitative and include data collected in the Minimum Data Set Survey.

Next Steps: For the Minimum Data Set Survey and the Annual Report, Voices will follow up with the Director of the Office of Children, Young Adults and Families at DBHDD.

*Consider Ways to Maximize Tele-Consultation, Supervision, Learning, and Service*¹⁵

Objectives: 1. Implement a demonstration project that increases access to behavioral health supports and services via tele-medicine and tele-consult within pediatric primary care practices; 2. Conduct a cost analysis for expansion of tele-medicine through reimbursement of tele-supervision, tele-consultation and additional provider types for on-going tele-therapy; and 3. Implement a demonstration project to improve retention rates of newly graduated Doctoral-level practitioners through a multi-discipline post-doctoral (psychiatrist residency, psychologist post-doc, APRN) training program, targeted in rural areas.

Impact Timeframe: Immediate/Intermediate

Cost: \$\$ - \$\$\$

Key Partners: DBHDD, DCH, President of the Georgia Council for Child and Adolescent Psychiatry, the Assistant Professor of Psychiatry and Health Behavior at the Medical College of Georgia, Governor's Office, Legislature

1. Consider implementing a demonstration hotline to provide behavioral health consultations via telephone or video conferencing to primary care physicians on tier three and four cases (e.g., suicidality, self-harming behaviors). Licensed clinicians would staff the hotline (e.g., psychiatrists, psychologists). The demonstration hotline could serve a targeted geographic area and/or communities, enabling a cost analysis to determine sustainability and expansion across the state. Currently 31 states have similar programs (e.g., Connecticut's ACCESS hotline).
2. Consider implementing a demonstration project that expands Medicaid reimbursement of Master's-level, fully licensed practitioners for on-going telehealth services in a targeted geographic area (e.g., counties without licensed psychologists or social workers). This would also enable a cost analysis to determine impact of statewide expansion.
3. Consider a demonstration project that enables reimbursement or an incentive program for tele-supervision of associate-level practitioners (e.g., LMSWs, APCs, and AMFTs) working toward clinical licensure. The project could target hard-to-fill and retain positions, certain populations, geographic areas, or settings.
4. Consider the development of a collaborative residency program for psychiatrists and psychologists that travels to communities across Georgia during their residency/internship/post-doctoral fellowship. Emory School of Medicine has explored possible models to consider.
5. Provide guidance and clarification for providers on tele-health authorizations.

¹⁵ We strongly encourage any pilot project to include an evaluation component that includes a consumer-based element (e.g., consumer survey)

6. Consider exploring ways in which the state can provide ample opportunities for providers to access evidence-based CEUs via tele-technologies.

Next Steps:

- Discuss with state leadership the utility of engaging the President of the Georgia Council for Child and Adolescent Psychiatry and the Assistant Professor of Psychiatry and Health Behavior at the Medical College of Georgia about convening a workgroup to develop a demonstration hotline. The workgroup could also examine effective programs in other states, as well as their cost and infrastructure models.
- Follow up with Emory School of Medicine and/or other entities that have developed proposed models for new residency programs.

Expand Skillset of Existing Workforce through Continuing Education Units

Objective: Train more licensed clinicians currently in the workforce through scholarships for EBT certification, thereby increasing the use of targeted EBTs.

Impact Timeframe: Immediate

Cost: \$ - \$\$

Key Partners: DBHDD, DCH, DFCS, post-baccalaureate degree training programs, Core Providers currently offering trainings, GSU Child Welfare Training Collaborative

Offer scholarships or sponsor cohorts of current licensed practitioners to be trained in targeted evidenced-based therapy and obtain CEUs. A phased approach could first target existing programs, such as Project APEX providers or DFCS providers. Examples gleaned from interviews include:

- Cognitive Behavioral Intervention for Trauma in Schools
- Parent Child Interaction Therapy
- Child Parent Psychotherapy
- Interventions to address suicidal ideation
- Mental Health First Aide
- Interventions to address self-harming behaviors
- Interventions to support trauma from sexual abuse

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Incentivize Targeted Evidence-Based or Informed Intervention

Objective: Implement enhanced reimbursement rates for therapy codes when targeted EBTs are utilized, thereby systematically increasing the use of evidence-based intervention.

Impact Timeframe: Immediate/Intermediate

Cost: \$\$\$

Key Partners: DCH, DBHDD, DFCS

Offer enhanced rates for therapy codes that indicate service was provided using an evidence-based treatment that is included in a particular list identified by the IDT (or other expert group). This would also support off-setting the cost of training and lost revenue for providers when practitioners are in training and/or supervision.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Streamline Trauma Training of Existing Workforce and Child Serving Systems

Objectives: 1. Establish a state standard for trauma informed systems, including a roadmap for child serving systems that outlines how different trainings and programs mutually reinforce one another (e.g., mental health first aid and trauma trainings and Project APEX); 2. Create a streamlined approach and hub for easy access to trainings through a web-based, one-stop-shop platform.

Impact Timeframe: Immediate

Cost: \$

Key Partners: DCH, DBHDD, DFCS, GSU Child Welfare Training Collaborative, Core Providers currently offering training

Thousands of clinical and non-clinical professionals across the state have participated in trainings to increase their awareness about behavioral health and take action when concerns about youth arise. Those trainings are not, however, occurring in a coordinated matter. In fact, a provider who is contracted with multiple agencies may have practitioners that participate in multiple redundant trainings, while missing opportunities to train in different yet complimentary areas.

For example, Project Apex grantees could also become Mental Health First Aid train-the-trainers for the schools they serve, and be trained in Darkness to Light (Stewards of Children curriculum) as they are already a trusted resource to schools and an integral part of their system of care. Another example is implementing an agreement between agencies that contract with providers (e.g., DCH, DBHDD, DFCS) to streamline the training requirements and incentives in contracts.

Additionally, this training would help support the non-behavioral health workforce. Those that could greatly benefit from access to this training include municipal, county, and state public safety officers who engage in the caretaking of children in custody, and others who have the potential to interface with youth.

As a first step to the proposed examples above, consider identifying a hub entity, such as the Child Welfare Training Collaborative, to: 1. chronicle all trainings offered in five main areas (see below); 2. identify opportunities of alignment and discrepancy in those offerings; 3. review those findings with agency leadership; and 4. ultimately develop an online resource for providers, schools, childcare centers, afterschool programs, and others to access trainings in those main areas. This would ultimately result in the creation of a streamlined process for child and family serving organizations to receive training that moves them in the direction of becoming a trauma-informed and trauma-responsive organization.

Those areas could include:

- Mental Health First Aid (Project Aware)¹⁶
- Suicide Prevention (Jason Flatt Act)
- Trauma Training (multiple models are currently implemented throughout Georgia)
- Darkness to Light (Stewards of Children curriculum)
- Positive Behavioral Interventions and Supports (PBIS)

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Maximize Residency and Additional Certification

Objective: Expand the positive impact of Georgia’s increased investment in residency slots by expanding slots within current innovative programs in Georgia and piloting proposed programs.

Impact Timeframe: Long-term

Cost: \$ - \$\$

Key Partners: Emory, Carter Center, current residency programs, DBHDD, DCH, DHS, philanthropy currently or previously investing in residency programs

Explore ways to maximize the increased investment made in residency slots over the last several years by:

- Examining the alignment between pediatric and psychiatric residency slots.
- Exploring how innovative programs like the Post-Pediatric Portal Program at the Medical College of Georgia can be included in state funded residency slots in addition to the traditional residency programs.
- Identifying how the state can more effectively leverage the existing nurse workforce through programs, such as Augusta University’s Post-Graduate Certificate in Psychiatric and Mental Health and Valdosta State University’s Psychiatric Mental Health Nurse Practitioner Certificate, to certify nurses with their Master’s degree in psychiatric practice.
- Exploring how the one-year program at UGA for DFCS social workers to obtain their clinical license could be expanded to other agencies and community partners.
- Exploring opportunities for federal funding increases that support residency slots in Georgia.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

¹⁶ Mental Health First Aid is only applicable to middle and high school age youth. Consider adapting or identifying another training geared toward elementary school age.

Enhance Georgia's Loan Reimbursement Programs¹⁷

Objective: Implement a demonstration project to improve retention rates of newly graduated Doctoral-level practitioners.

Impact Timeframe: Intermediate/Long-term

Cost: \$\$\$\$

Key Partners: Governor's Office, Legislature, DBHDD, DCH, DFCS

Consider expanding the professions in loan reimbursement programs offered by the state to include mental health professionals (e.g., psychologists, LCSWs). This could be based on the commitment of 2-5 years to serve specific underserved populations based on demographics and geographic area.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Cultivate Local Workforce in Target Communities¹⁷

Objective: Grow workforce by championing local citizens to enter the behavioral health field.

Impact Timeframe: Long-term

Cost: \$\$

Key Partners: Georgia Statewide AHEC Network of Community Based Education, HOSA – Health Occupation Students America, philanthropy currently or previously investing in similar work

Consider a demonstration project to grow the workforce by identifying, cultivating, educating, and training local citizens who show motivation to improve children's behavioral health. Explore the models from the Georgia Statewide AHEC Network of Community Based Education or the Annapolis Coalition on the Behavioral Health Workforce that focus on both undergrad and graduate opportunities.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Expand Authorization of Psychiatric Nurses

Objective: Fully leverage the education, training, and capabilities of the Psychiatric Nurse workforce by expanding authorization and capacity based on successes in other states (e.g., Alabama, North Carolina).

Impact Timeframe: Immediate/Intermediate

Cost: \$-\$\$

Key Partners: Governor's Office, Legislature, nursing degree and training programs, nursing associations, physician associations, DBHDD, Medical Composite Board

¹⁷ We strongly encourage any pilot project to include an evaluation component that includes a consumer-based element (e.g., consumer survey)

Consider expanding authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently. Explore the practice and impact in other states (e.g., Alabama, North Carolina).

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Conduct research on evidence-based reimbursement rates and implementation

Objective: Provide a scientific foundation for provider reimbursement rates and the implementation of those rates by the state and CMOs through a study on current business models (e.g., case study analysis of a sample of Community Service Boards, Federally Qualified Health Centers).

Impact Timeframe: Immediate

Cost: \$

Key Partners: University System to conduct objective analysis, DBHDD, DCH, Governor’s Office, Legislature

Consider conducting a study to establish the full business cost for providing services in targeted settings (e.g., community, school-based health, partial hospitalization) as a means to inform rate settings through a transparent process, and provide a foundation for considering enhanced rates for targeted services (e.g., evidence-based therapies).

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Publish Reciprocity List for Licensed Behavioral Health Professionals

Objective: Enhance the state’s ability to attract a qualified workforce and leverage military spouses that are temporarily part of Georgia’s behavioral health workforce by making state reciprocity lists easily accessible and reciprocity easily accessible for military spouses.

Impact Timeframe: Immediate

Cost: \$ (minimal)

Key Partners: Secretary of State, Medical Composite Board

Create a publicly available list of licensure reciprocity standards and the states from which Georgia accepts licenses for incoming professionals. Further, explore the interstate compacts Georgia is currently committed to and opportunities to expand those to more professions.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

Improve Integration of GCAL Referral System with Provider Follow Up

Objective: Enhance connectivity between crisis response and follow up care.

Impact Timeframe: Immediate

Cost: \$

Key Partners: Access Hotline, DCH, CMO

Enhance connectivity and communication between crises addressed by the Georgia Crisis and Access Line (GCAL) referral system and the care coordination offered by Georgia's four Medicaid Care Management Organizations.

Next Steps: Review with, and obtain feedback from, Commissioners of DBHDD and DCH, and the Director of DFCS.

APPENDICES

Data	Education and Training	A: Required Degrees B: Degree Programs C: Graduates of Degree Programs D: Training Programs E: Map of Degree Programs F: Map of Training Programs G: Licensure Requirements H: Profession Definitions
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	Data Sources	U: Data Sources

A: Required Degrees

	Minimum Degree Required	Length ¹			Cost ¹	
		Years	Credits	Semes- ters	Semester (Pub) Semester (Priv)	Total (Pub) Total (Priv)
C&A Psychiatrist	Doctoral degree in Medicine	4		8	\$15k \$24k	\$123k \$191k
Pediatrician	Doctoral degree in Medicine	4		8	\$15k \$24k	\$123k \$191k
Psychologist	Doctoral degree in Applied Psychology	5.5	130	14	\$5k \$17k	\$69k \$201k
Psych Nurse	Master's degree in Nursing with a specialization in Psychiatric Nursing	2.5	42	5	\$4k -	\$18k -
LCSW	Master's degree in Social Work	2	60	4	\$6k \$14k	\$22k \$54k
LPC	Master's degree in Counseling, Applied Psychology, or Rehabilitation Counseling	2.5	56	5	\$5k \$8k	\$24k \$51k
LMFT	Master's degree in Marriage and Family Therapy, Counseling, Social Work, Medicine, Psychiatric Nursing, Applied Psychology, Divinity, Theology, Applied Child and Family Development, or Applied Sociology	2.5	60	5	\$5k \$11k	\$35k \$80k
LMSW	Master's degree in Social Work	2	60	4	\$6k \$14k	\$22k \$54k
APC	Master's degree in Counseling or Applied Psychology	2.5	56	5.5	\$5k \$8k	\$24k \$51k
AMFT	Master's degree in Marriage and Family Therapy	2	54	6	\$4k \$8k	\$21k \$46k

¹ Length and Cost data points reflect averages. Cost range reflects public institution cost (on top) and private institution cost (on bottom).

B: Degree Programs

Institution	CAP ¹	Ped ¹	Psych	Psych Nurse	LCSW	LPC	LMFT	LMSW	APC	AMFT
Albany State Univ.					1	1	2	1	1	
Argosy Univ.			1			1	1		1	
Augusta Univ.	1	1		1		2	2		1	
Clark Atlanta Univ.					1	2	3	1	2	
Columbia Theo. Sem.							2			
Columbus State Univ.						2	2			
Emory Univ.	1	1	1				2			
Fort Valley State Univ.						2	1		1	
Georgia Christian Univ.							1			
Georgia College				2						
Georgia Southern Univ.			1	2		2	2		2	
Georgia State Univ.			3	1	1	3	4	1	2	
Interden. Theo. Center							1			
Kennesaw State Univ.					1		1	1		
Mercer Univ.		2				3	4		2	1
Morehouse Sc. of Med		1								
Richmont Grad. Univ.						1	1		1	
Savannah State Univ.					1		1	1		
South Univ. - Savannah						1	1		1	
Thomas Univ.						1				
Univ. of Georgia			3		1	2	3	1	2	
Univ. of North Georgia						1	1		1	
Univ. of West Georgia						2	2		2	
Valdosta State Univ.				1	1	1	5	1	1	1
Total Programs	2	5	9	7	7	27	42	7	23	2
Total Institutions	2	4	5	5	7	16	21	7	14	2

¹ Data for Child and Adolescent Psychiatrists and Pediatricians represent the number of residency programs.

Note: Table reads as “One program at Albany State University offers the minimum degree required for licensure as a Licensed Clinical Social Worker”

C: Graduates of Degree Programs in 2016

Institution	CAP ¹	Ped ¹	Psych	Psych Nurse	LCSW	LPC	LMFT	LMSW	APC	AMFT
Albany State Univ.					18	2	40	18	2	
Argosy Univ.			10			88	176		88	
Augusta Univ.	6	46		0		11	22		11	
Clark Atlanta Univ.					148	12	320	148	12	
Columbia Theo. Sem.							55			
Columbus State Univ.						22	44		22	
Emory Univ.	7	69	19				116			
Fort Valley State Univ.						11	22		11	
Georgia Christian Univ.							5			
Georgia College				0						
Georgia Southern Univ.			13	0		27	54		27	
Georgia State Univ.			13	5	46	46	189	46	46	
Interden. Theo. Center							53			
Kennesaw State Univ.					39		78	39		
Mercer Univ.		41				82	274		82	35
Morehouse Sc. of Med		18								
Richmont Grad. Univ. ²						-	-		-	
Savannah State Univ.					135		70	35		
South Univ. - Savannah						16	32		16	
Thomas Univ.						31			31	
Univ. of Georgia			38		158	28	372	158	28	
Univ. of North Georgia						0	0		0	
Univ. of West Georgia						57	114		57	
Valdosta State Univ.				0	50	10	180	50	10	27
Total Graduates	13	174	73	5	494	443	2216	494	443	62

¹ Data for Child and Adolescent Psychiatrists and Pediatricians represent the number of residents.

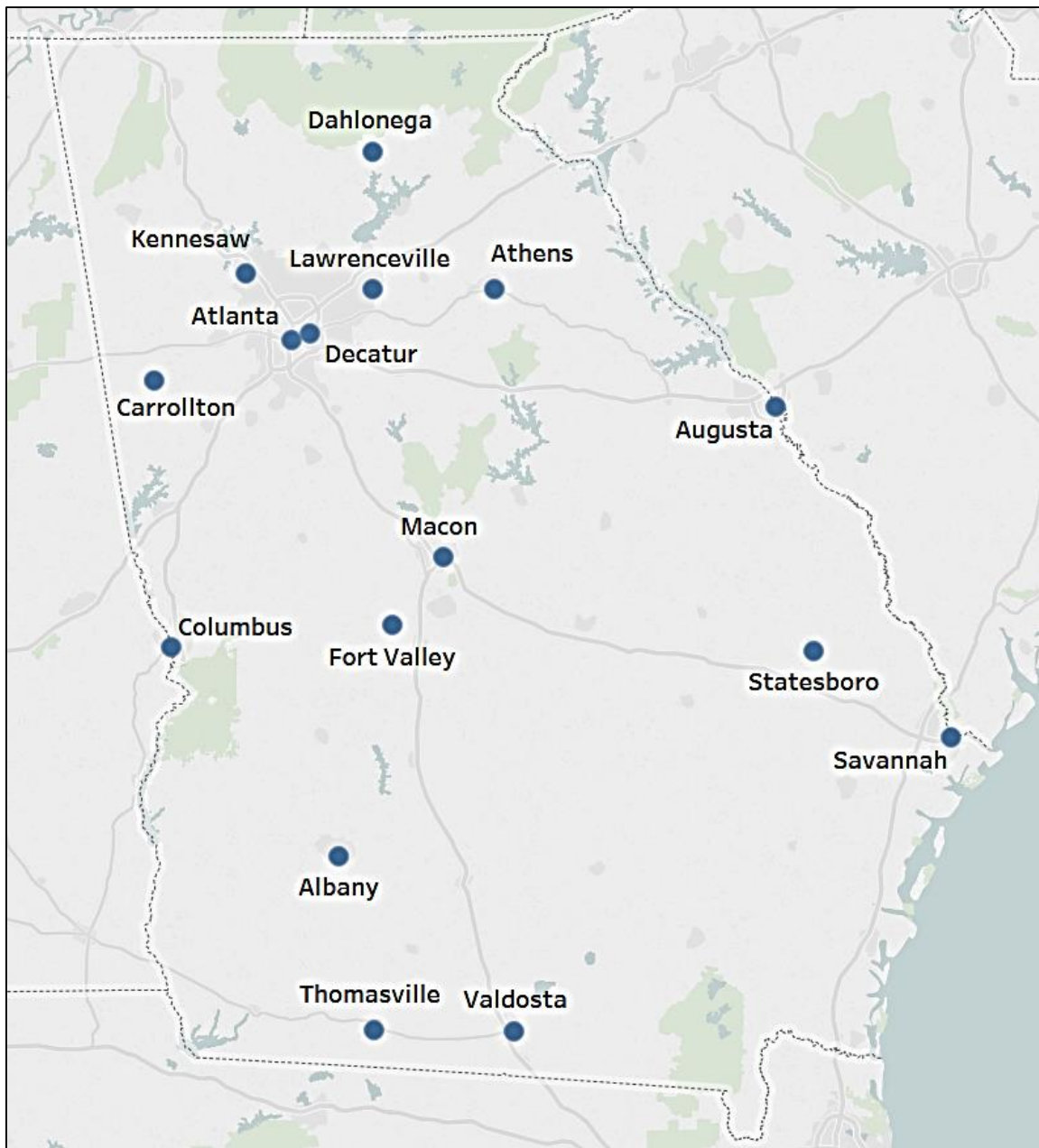
² Data not available for Richmont Graduate University

Note: Table reads as "In 2016, 18 students graduated from Albany State University with the minimum degree required for licensure as a Licensed Clinical Social Worker (LCSW)".

D: Training Programs

	Post Graduate Training Program	Location
Child and Adolescent Psychiatrist	Emory University School of Medicine Program	Atlanta
	Medical College of Georgia Program	Augusta
Pediatrician	Emory University School of Medicine Program	Atlanta
	Medical College of Georgia Program	Augusta
	Medical Center of Central Georgia/Mercer University School of Medicine Program	Macon
	Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program	Savannah
	Morehouse School of Medicine Program	Atlanta
Psychologist	Atlanta VA Medical Center Residency	Atlanta
	University of Georgia, Counseling and Psychiatric Services Residency	Athens
	Emory University, Counseling and Psychological Services Residency	Atlanta
	Emory University School of Medicine, Grady Health System Residency	Atlanta
	Georgia State University, Counseling and Testing Center Residency	Atlanta
	Atlanta VA Medical Center Internship	Atlanta
	Dwight D. Eisenhower Army Medical Center Internship	Fort Gordon
	Emory University School of Medicine, Grady Health System Internship	Decatur
	Emory University School of Medicine, Clinical Psychology Internship	Atlanta
	Emory University, Counseling and Psychological Services Internship	Atlanta
	Emory University, Marcus Autism Center Internship	Atlanta
	Georgia Institute of Technology, Counseling Center Internship	Atlanta
	Georgia State University, Counseling and Testing Center Internship	Atlanta
	Georgia Southern University, Counseling Center Internship	Statesboro
	Georgia Regional Hospital Atlanta, Psychology Internship	Atlanta
Medical College of Georgia/Charlie Norwood VAMC Psychology Internship	Augusta	

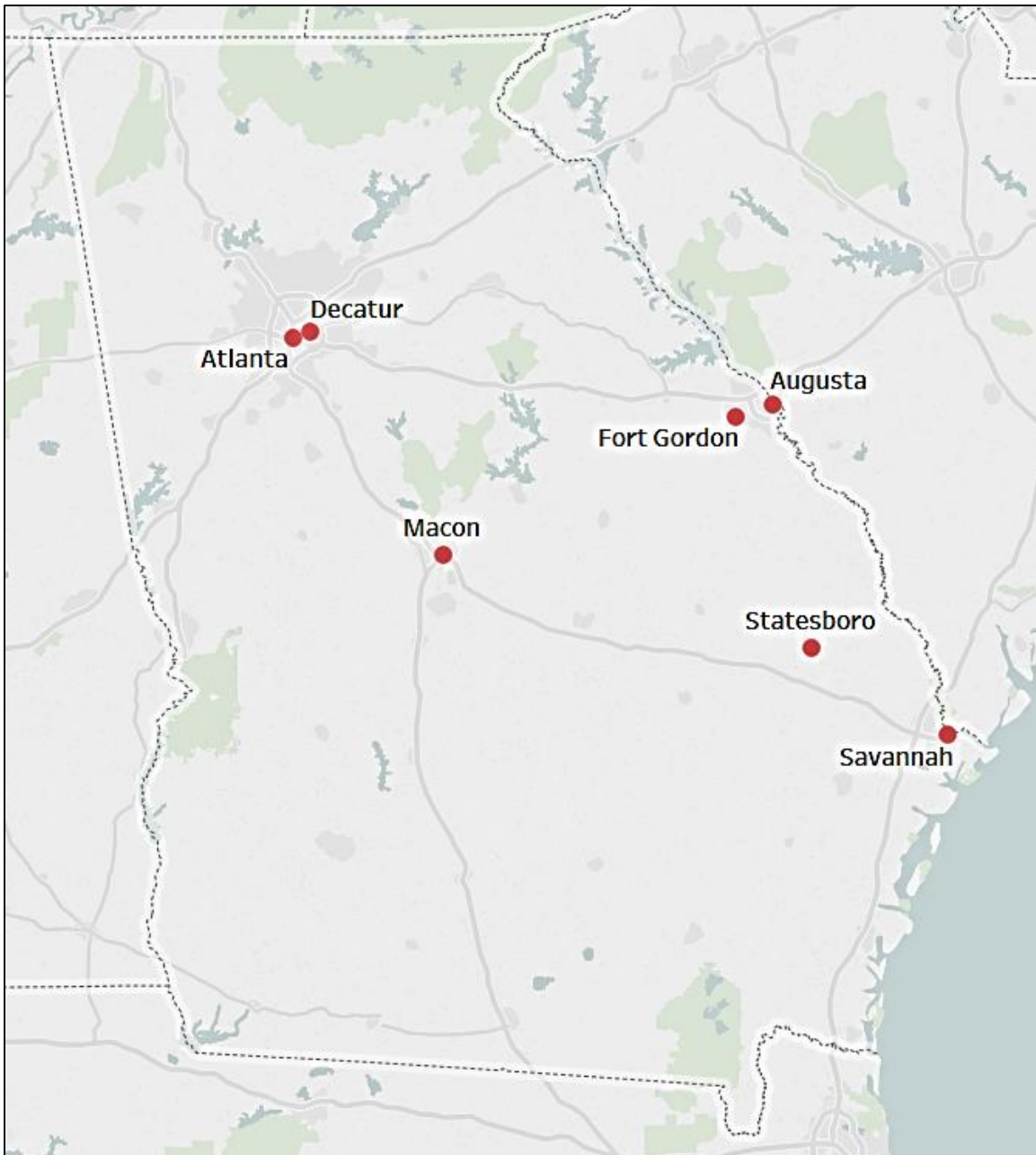
E: Map of Degree Programs



Blue dots represent cities with graduate degree programs for professions covered in this analysis.

For an interactive map of degree and training programs, please visit <http://tabsoft.co/2wQInd9>.

F: Map of Training Programs



Red dots represent cities with post-graduate training programs for Psychiatrists, Pediatricians, or Psychologists.

For an interactive map of degree and training programs, please visit <http://tabsoft.co/2wQInd9>.

G: Licensure Requirements

The following licensure requirements follow the minimum degree requirements found in [Appendix A](#). All licenses are renewed biennially.

	Experience	Certification	Examination	Continuing Ed ¹ (Online Hours)	Recip- rocity ²
CAP	5 years	Medical License Psychiatry Certification	Child and Adolescent Psychiatry Certification Exam	35 hours	No ³
Ped	3 years	Medical License	General Pediatrics Certifying Exam	40 hours	No ³
Psych	2 years ⁴		Exam for the Professional Practice of Psychology Jurisprudence Exam Oral Exam	40 hours (6 online)	Yes
Psych Nurse		Registered Nurse License Certification CNS/PMH Nursing APRN Authorization	National Council Licensure Exam for Registered Nurses	30 hours ⁵	Yes
LCSW	2-3 years ⁶		Clinical Social Work Exam	35 hours (10 online)	Yes
LPC	1-4 years ⁶		National Counselor Exam/National Clinical Mental Health Exam	35 hours (10 online)	Yes
LMFT	2-3 years ⁶		Marriage and Family Therapy Exam	35 hours (10 online)	Yes
LMSW			Master's Social Work Exam	35 hours (10 online)	Yes
APC			National Counselor Exam/National Clinical Mental Health Exam	35 hours (10 online)	Yes
AMFT			Marriage and Family Therapy Exam	35 hours (10 online)	Yes

¹ All Continuing Education requirements are required to be fulfilled biennially.

² In this case, reciprocity means the ability to become fully licensed without examination (i.e., licensure through endorsement).

³ Child and Adolescent Psychiatrists and Pediatricians can only practice in Georgia without a Georgia Medical License if they have a license in good standing from another state and are practicing only in a federal installment (e.g., veteran's hospital, Indian reservation, military base).

⁴ Psychologists must complete 2,000 hours of internship and have 1,500 hours of supervised experience, which is approximately 2 years.

⁵ Psychiatric nurses have 4 options other than continuing education hours to fulfill this requirement. For more details visit <http://sos.ga.gov/PLB/acrobat/Forms/38%20Reference%20-%20Continuing%20Education%20Packet.pdf>.

⁶ Number of years of experience required depends on the degree held by the applicant.

H: Profession Definitions

Child and Adolescent Psychiatrist (CAP)

Child and Adolescent Psychiatrists are physicians who specialize in the diagnosis and treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families. A child and adolescent psychiatrist offers families the advantages of a medical education, the medical traditions of professional ethics, and medical responsibility for providing comprehensive care.

Pediatrician (Ped)

Pediatricians are medical doctors concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatrics encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. Pediatrics is a discipline that deals with biological, social, and environmental influences on the developing child and with the impact of disease and dysfunction on development.

Psychologist (Psych)

Psychologists apply scientific knowledge to help people, organizations, and communities function better. Psychologists study both normal and abnormal functioning and treat patients with mental and emotional problems. They also study and encourage behaviors that build wellness and emotional resilience.

Psychiatric Nurse (Psych Nurse)

Psychiatric Nurses are specialized nurses who work with individuals, families, groups, and communities to assess their mental health needs. They focus on the assessment, diagnosis, and treatment of individuals and families with psychiatric disorders or the potential for such disorders.

Licensed Clinical Social Workers (LCSW) and Licensed Master's Social Workers (LMSW)

Social Workers help individuals, families, groups, and communities to enhance or restore their capacity for functioning.

Licensed Professional Counselors (LPC) and Associate Professional Counselors (APC)

Professional Counselors evaluate and treat individuals and families with cognitive, behavioral, or affective emotional and mental problems and conditions.

Licensed Marriage and Family Therapists (LMFT) and Associate Marriage and Family Therapists (AMFT)

Marriage and Family Therapists evaluate, diagnose, and treat emotional and mental problems or conditions within the context of marital and family systems.

I: Ordering and Medicaid Reimbursement for Providing Services

Can Order but not Provide

Can Order and Provide

Can Provide but not Order

	CAP	Ped	Psych	Psych Nurse	LCSW	LPC	LMFT	LMSW	APC	AMFT
Behavioral Health Asmt. ¹	Can Order but not Provide	Can Order but not Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Com. Inpatient/Detox	Can Order but not Provide	Can Order but not Provide		Can Order and Provide						
Com. Transition Planning ²	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Community Support ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Crisis Intervention ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Crisis Stabilization	Can Order and Provide	Can Order and Provide		Can Order and Provide						
Diagnostic Asmt. ²	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide			
Family Counseling ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Family Training ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Group Counseling ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Group Training ¹	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Individual Counseling ²	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Intensive Family Interv. ¹	Can Order but not Provide	Can Order but not Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Medication Admin.	Can Order but not Provide	Can Order but not Provide		Can Order and Provide						
Nursing Asmt. and Care	Can Order but not Provide	Can Order but not Provide		Can Order and Provide						
Peer Support Individual ¹	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Peer Support Parent ¹	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide			
Peer Support Whole He. ¹	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide	Can Order and Provide	Can Order but not Provide	Can Order but not Provide	Can Order but not Provide			
Psychiatric Treatment ²	Can Order and Provide	Can Order and Provide		Can Order and Provide						
Psychological Testing ²	Can Order but not Provide	Can Order but not Provide	Can Order and Provide	Can Order but not Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide			
Service Plan Dev. ²	Can Order but not Provide	Can Order but not Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Structured Res. Supports	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Order and Provide	Can Provide but not Order	Can Provide but not Order	Can Provide but not Order
Sub Abuse Int. Outpatient	Can Order but not Provide	Can Order but not Provide		Can Order but not Provide				Can Provide but not Order	Can Provide but not Order	Can Provide but not Order

¹ Service allowed to be provided via telehealth to individuals for whom English is not their first language.

² Service allowed to be provided via telehealth.

Note: "Can Provide Service" means that providers can be reimbursed by Medicaid for providing these services. This is not an indication of what providers are "capable of" per their training. See [Appendix M](#) for service descriptions.

J: In-Clinic Medicaid Reimbursement Rates

	CAP	Ped	Psych	Psych Nurse	LCSW	LPC	LMFT	LMSW	APC	AMFT
Behavioral Health Asmt. ¹			38.97	38.97	30.01	30.01	30.01	20.30	20.30	20.30
Com. Inpatient/Detox										
Com. Transition Planning ²	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30
Community Support ¹	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92
Crisis Intervention ¹	58.21	58.21	38.97	38.97	30.01	30.01	30.01	20.30	20.30	20.30
Crisis Stabilization	209.22	209.22		209.22						
Diagnostic Asmt. ²	174.63	174.63	116.90	116.90	90.03	90.03	90.03			
Family Counseling ¹	38.97	38.97	38.97	38.97	30.01	30.01	30.01	20.30	20.30	20.30
Family Training ¹	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30	20.30
Group Counseling ¹	8.50	8.50	8.50	8.50	6.60	6.60	6.60	4.43	4.43	4.43
Group Training ¹	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43
Individual Counseling ²	64.95	64.95	64.95	64.95	50.02	50.02	50.02	33.83	33.83	33.83
Intensive Family Interv. ¹			30.01	30.01	30.01	30.01	30.01	22.14	22.14	22.14
Medication Admin.				33.40						
Nursing Asmt. and Care				38.97						
Peer Support Individual ¹								20.30	20.30	20.30
Peer Support Parent ¹										
Peer Support Whole He. ¹				30.01						
Psychiatric Treatment ²	38.81	38.81		25.98						
Psychological Testing ²			155.87		120.04	120.04	120.04			
Service Plan Dev. ²			38.97	38.97	30.01	30.01	30.01	20.30	20.30	20.30
Structured Res. Supports	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³
Sub Abuse Int. Outpatient								varies	varies	varies

¹ Service allowed to be provided via telehealth to individuals for whom English is not their first language.

² Service allowed to be provided via telehealth.

³ "AN" means As Negotiated

Note: See [Appendix M](#) for service descriptions.

K: Out-of-Clinic Medicaid Reimbursement Rates

	CAP	Ped	Psych	Psych Nurse	LCSW	LPC	LMFT	LMSW	APC	AMFT
Behavioral Health Asmt. ¹			46.76	46.76	36.68	36.68	36.68	24.36	24.36	24.36
Com. Inpatient/Detox										
Com. Transition Planning ²	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36
Community Support ¹	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92	20.92
Crisis Intervention ¹	74.09	74.09	46.76	46.76	36.68	36.68	36.68	24.36	24.36	24.36
Crisis Stabilization	209.22	209.22		209.22						
Diagnostic Asmt. ²	222.26	222.26	140.28	140.28	110.04	110.04	110.04			
Family Counseling ¹	46.76	46.76	46.76	46.76	36.68	36.68	36.68	24.36	24.36	24.36
Family Training ¹	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36	24.36
Group Counseling ¹	10.39	10.39	10.39	10.39	8.25	8.25	8.25	5.41	5.41	5.41
Group Training ¹	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41	5.41
Individual Counseling ²	77.93	77.93	77.93	77.93	61.13	61.13	61.13	40.59	40.59	40.59
Intensive Family Interv. ¹			41.26	41.26	41.26	41.26	41.26	27.06	27.06	27.06
Medication Admin.				42.51						
Nursing Asmt. and Care				46.76						
Peer Support Individual ¹								24.36	24.36	24.36
Peer Support Parent ¹										
Peer Support Whole He. ¹				36.68						
Psychiatric Treatment ²	49.39	49.39		31.17						
Psychological Testing ²			187.04		146.71	146.71	146.71			
Service Plan Dev. ²			46.76	46.76	36.68	36.68	36.68	24.36	24.36	24.36
Structured Res. Supports	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³	AN ³
Sub Abuse Int. Outpatient								varies	varies	varies

¹ Service allowed to be provided via telehealth to individuals for whom English is not their first language.

² Service allowed to be provided via telehealth.

³ "AN" means As Negotiated

Note: See [Appendix M](#) for service descriptions.

L: Place of Service

	Office	Home	CMHC	Other	RSATF	PRTC	Group Home	Tele-Health ¹
Behavioral Health Assessment	Yes	Yes	Yes	Yes				Limited
Community Inpatient/Detox ²								
Community Support Individual	Yes	Yes	Yes	Yes				Yes
Community Transition Planning	Yes	Yes	Yes	Yes				Limited
Crisis Intervention	Yes	Yes	Yes	Yes				Limited
Crisis Stabilization ³	Yes		Yes	Yes	Yes	Yes	Yes	
Diagnostic Assessment	Yes	Yes	Yes	Yes				Yes
Family Counseling	Yes	Yes	Yes	Yes				Limited
Family Training	Yes	Yes	Yes	Yes				Limited
Group Counseling	Yes	Yes	Yes	Yes				Limited
Group Training	Yes	Yes	Yes	Yes				Limited
Individual Counseling	Yes	Yes	Yes	Yes				Yes
Intensive Family Intervention	Yes	Yes	Yes	Yes				Limited
Medication Administration	Yes	Yes	Yes	Yes				
Nursing Assessment and Care	Yes	Yes	Yes	Yes				
Peer Support Individual	Yes	Yes	Yes	Yes				Limited
Peer Support Parent								Limited
Peer Support Whole Health	Yes	Yes	Yes	Yes				Limited
Psychiatric Treatment	Yes	Yes	Yes	Yes				Yes
Psychological Testing	Yes	Yes	Yes	Yes				Yes
Service Plan Development	Yes	Yes	Yes	Yes				Yes
Structured Residential Supports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Sub Abuse Intensive Outpatient	Yes	Yes	Yes	Yes				

¹ Limited means service allowed to be provided via telehealth to individuals for whom English is not their first language.

² Community Inpatient/Detox can be provided at Inpatient Hospitals and Inpatient Psychiatric Facilities.

³ Crisis Stabilization can also be provided at Psychiatric Facilities.

Note: See [Appendix M](#) for service descriptions and [Appendix N](#) for place of service descriptions.

M: Service Descriptions

The following service descriptions were adapted from the FY 2018 Provider Manual for Community Behavioral Health Providers produced by the Georgia Department of Behavioral Health and Developmental Disabilities, which can be found at <http://dbhdd.org/files/Provider-Manual-BH.pdf>.

Behavioral Health Assessment

Consists of a face-to-face comprehensive clinical assessment with an individual, which must include the youth's perspective as a full partner and should include family/responsible caregiver(s) and others significant in the youth's life as well as collateral agencies/treatment providers. The purpose of the behavioral health assessment is to gather all information needed to determine the youth's problems, symptoms, strengths, needs, abilities, resources, and preferences, to develop a social and medical history, to determine functional level and degree of ability versus disability, if necessary, to assess trauma history and status, and to engage with collateral contacts for other assessment information.

Community Based Inpatient Psychiatric and Substance Detoxification

A short-term stay in a licensed and accredited community-based hospital for the treatment or rehabilitation of a psychiatric and/or substance related disorder.

Community Transition Planning

A service provided to address the care, service, and support needs of youth to ensure a coordinated plan of transition from a qualifying facility to the community.

Community Support

Consists of rehabilitative, environmental support and resource coordination considered essential to assist a youth/family in gaining access to necessary services and in creating environments that promote resiliency and support the emotional and functional growth and development of the youth.

Crisis Intervention

Services directed toward the support of a child who is experiencing an abrupt and substantial change in behavior which is usually associated with a precipitating situation and which is in the direction of severe impairment of functioning or a marked increase in personal distress. Crisis intervention is designed to prevent out-of-home placement or hospitalization.

Crisis Stabilization

A residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and withdrawal management services.

Diagnostic Assessment

Includes a history; mental status exam; evaluation and assessment of physiological phenomena; psychiatric diagnostic evaluation; screening and/or assessment of withdrawal symptoms for youth with substance-related diagnoses; assessment of the appropriateness of initiating or continuing services; and a disposition.

Family Counseling

Provides systematic interactions between the individual staff, and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include specific clinical interactions/activities to enhance family roles, relationships, communication, and functioning that promote the resiliency of the individual/family unit.

Family Training

Provides systematic interactions between the individual staff, and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include support of the family, as well as training and specific activities to enhance the family roles, relationships, communications, and functioning that promote the resiliency of the individual/family unit.

Group Counseling

A therapeutic intervention or counseling service shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan.

Group Training

A therapeutic interaction shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan.

Individual Counseling

A therapeutic intervention or counseling service shown to be successful with identified youth populations, diagnoses and service needs, provided by a qualified clinician. Techniques employed involve the principles, methods and procedures of counseling that assist the youth in identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns.

Intensive Family Intervention

A service intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification, or preventing the utilization of out-of-home therapeutic venues for the identified youth.

Medication Administration

Includes the act of introducing a drug (any chemical substance that, when absorbed into the body of a living organism, alters normal bodily function) into the body of another person by any number of routes.

Nursing Assessment and Care

Consists of face-to-face contact with the youth/family/caregiver to monitor, evaluate, assess, and/or carry out orders of appropriate medical staff in regards to the psychological and/or physical problems and general wellness of the youth.

Peer Support Individual

A strengths-based rehabilitative service provided to youth living with a mental health, substance use, and/or co-occurring condition. This service uses lived experience as a tool for intervention and is expected to increase the targeted youth's capacity to function and thrive within their home, school, and community of choice.

Peer Support Parent

A strengths-based rehabilitative service provided to parents/caregivers that is expected to increase the youth/family's capacity to function within their home, school, and community while promoting recovery.

Peer Support Whole Health

A one-to-one service that assists the individual with setting his/her personal expectations, introducing health objectives, as an approach to accomplishing overall life goals, helping identify personal and meaningful motivation, and health/wellness self-management.

Psychiatric Treatment

The provision of specialized medical and/or psychiatric services that include psychotherapeutic services with medical evaluation and management; assessment and monitoring of a youth's status in relation to treatment with medication; and assessment of the appropriateness of initiating or continuing services.

Psychological Testing

Consists of face-to-face assessment of emotional functioning, personality, cognitive functioning, or intellectual abilities using an objective and standardized tool that has uniform procedures for administration and scoring and utilizes normative data upon which interpretation of results is based.

Service Plan Development

Development of an Individualized Recovery/Resiliency Plan that supports resilience and that is based on goals identified by the individual with parent(s)/responsible caregiver(s) involvement.

Structured Residential Supports

Comprehensive rehabilitative services to aid youth in developing daily living skills, interpersonal skills, and behavior management skills; and to enable youth to learn and manage symptoms; and aggressively improve functioning/behavior due to serious emotional disturbance, substance abuse, and/or co-occurring disorders. This service provides support and assistance to youth and caregivers to identify, monitor, and manage symptoms; enhance participation in group living and community activities; and develop positive personal and interpersonal skills and behaviors to meet the youth's developmental needs as impacted by his/her behavioral health issues.

Substance Abuse Intensive Outpatient Program

A time limited multi-faceted approach to treatment and recovery service for adolescents who require structure and support to promote resiliency and achieve and sustain recovery from substance related disorders.

N: Place of Service Descriptions

The following descriptions were adapted from the Place of Service Code Set produced by the Centers for Medicare and Medicaid Services, which can be found at https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.

Office

A location, other than a hospital, skilled nursing facility, military treatment facility, community health center, State or local public health clinic, or intermediate care facility, where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

Home

A location, other than a hospital or other facility, where the patient receives care in a private residence.

Group Home

A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services.

Inpatient Hospital

A facility, other than psychiatric, which primarily provides diagnostic, therapeutic, and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

Inpatient Psychiatric Facility

A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

Psychiatric Facility

A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital affiliated facility.

CMHC – Community Mental Health Center

A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities; and consultation and education services.

RSATF – Residential Substance Abuse Treatment Facility

A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

PRTC – Psychiatric Residential Treatment Center

A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

O: Incentive Programs

Program	Description	Benefit	Professions
GA Preceptor Tax Incentive	Rewards doctors for providing uncompensated community-based training for medical students at a Georgia program for selected programs	\$1,000 tax deduction for 160 hours of training, up to \$10,000	Psychiatrist, Pediatrician
Medicaid Electronic Health Records	Provides incentive payments to professionals as they adopt, implement, upgrade, or demonstrate use of certified electronic health records technology	Variable incentive payment based on patient volume	Psychiatrist, Pediatrician
GA Physician Loan Repayment	Provides a loan for selected positions practicing in HRSA shortage areas	\$25,000 per year for a two-year period	Psychiatrist, Pediatrician
Physicians for Rural Areas Assistance	Provides a loan for physicians providing direct care in underserved rural areas in Georgia	\$25,000 per year for up to four years	Psychiatrist, Pediatrician
GA Medical Education	Georgia Board for Physician Workforce provides state funding to help offset the cost of training physicians in Georgia's teaching hospitals		Psychiatrist, Pediatrician
Loans for Disadvantaged Students	HRSA grants to select GA schools for long-term, low-interest loans to disadvantaged students who pursue degrees in qualifying health professions	Loans up to the cost of attendance	Psychiatrist, Pediatrician
National Health Service Corps Students to Service	Provides funding to medical students in their final year of school in return for a 3 year commitment to provide full time primary health care at an approved site in shortage areas of greatest need	Up to \$120,000 in payments	Psychiatrist, Pediatrician
National Health Service Corps Loan Repayment	Provides loan repayment for health clinicians who commit to working for two years at an approved site in high-need, underserved areas	Up to \$50,000 in loan repayment	Psychiatrist, Pediatrician, Psych Nurse, LCSW, LPC, LMFT
Scholarships for Disadvantaged Students	HRSA grants to select GA schools for scholarships to students from disadvantaged backgrounds enrolled in health professions programs	Up to \$30,000 in scholarships per student per year	Psychiatrist, Pediatrician, Psych Nurse, LCSW, LPC, LMFT
NURSE Corps Loan Repayment	Provides loan repayment for nurses who work full time in high need areas	Pays up to 85% of unpaid nursing education debt	Psych Nurse
Advance Practice Registered Nurse Loan Repayment	Provides loans to assist APRNs in repaying outstanding education loan debt in return for practicing in underserved rural counties	Up to \$10,000 in loans	Psych Nurse
Nursing Student Loans	HRSA grants to select Georgia schools for long-term, low-interest loans to full-time, disadvantaged students pursuing degrees in nursing	Up to \$3,300 or \$5,200 in loans per year based on time left in degree	Psych Nurse

P: Provider/Agency Interviews

Organization	Contact	Service Area	Treatment Setting
Advantage/Athens CSB	Joan Quinn, LPC, Clinical Director	10 counties in rural NE GA	Community Provider
Amerigroup	Mel Lindsey, CEO; Bhavini Solanki-Vasan, LPC, Director of BH	Statewide	Care Management Organization
Aspire/Albany Area CSB	Kay Brooks, EdD, LPC, Executive Director	8 counties in rural south GA	Community Provider
Care Partners of Georgia	David Crooke, CEO	7 counties in rural east GA	Community Provider
CareSource	Jason Bearden, VP of Market Operations	Statewide	Care Management Organization
CHOA, Egleston/Scottish Rite	Laura Mee, PhD, Director of Pediatric Psychology	Metro Atlanta	Hospital
CHOA, Hughes Spalding	Terry Walton, LCSW, Practice Manager Stephanie V. Blank Center	Metro Atlanta	Hospital
Chris180	Monica McGannon, LCSW, Clinical Director	Metro Atlanta	Community Provider
Covenant House	Jessica Henry, PhD, Clinical Director	Metro Atlanta	Residential Treatment Facility
Emory University School of Nursing	Imelda Reyes, DNP, MPH, APRN, CPNP-PC, FNP-BC, Clinical Assistant Professor		University/School System
Georgia Council for Child and Adolescent Psychiatry	Sarah Vinson, MD, President		Community Partner Organization
Georgia Hope	Nikki Raymond, CEO; Rachel McCrickard, VP of Development	21 counties in rural NE GA	Community Provider
Kaiser Permanente	Chaundrissa Smith, PhD; Latiffa Watford, PhD, Chief of BH; Karen Stewart, MD, Area Chief of BH, South Side	Metro Atlanta	Outpatient/Clinic
Medical College of Georgia	Eric Lewkowicz, MD, Assistant Professor of Psychiatry and Health Behavior		University/School System
Medlin Treatment Center	Julie Medlin, PhD, Director	Metro Atlanta	Outpatient/Clinic
Tanner Health	Meagan Thompson, LPC, Assistant Director of BH	9 counties in rural west GA	Community Provider

Q: Provider/Agency Interview Protocols

Interviews were conducted by experienced, licensed psychologist, Dr. Nikia Scott.

Providers/Training

1. What is the array of practitioners you employ?
2. To what extent do you feel that recent graduates you hire are prepared/demonstrate skills at the “best practices” level?
3. What is the accreditation of the organization?
4. Who are you having trouble hiring that you'd like to hire?
5. What's the skill set that you see as most attractive in a candidate? What's the skill set that you value the most from the providers you have?
6. What percentage of your providers is within 5 years of retirement?
7. What is your perception of reasons for turnover (e.g., caseload, pay, paperwork, patient acuity, lack of professional development/CE opportunities, physical safety)?
8. What would you describe as the cultural competence of your staff as it relates to the clients they serve?

Supervision

1. Are your licensed providers receiving supervision?
 - a. If not, what are the barriers to them getting supervision?
 - b. How is it paid for?
2. Do you offer supervision for new graduates working towards licensure? Do you have a resident program where they can get the hours and move on?
 - a. If not, what is the barrier to doing so?

Payment Barriers

1. What are barriers to payment that prevent or de-incentivize providing services to kids?
2. Are there particular Medicaid billing code restrictions/inconsistencies?
 - a. What is the percentage of actual cost covered by Medicaid and DBHDD payments?

Practice Environment

1. What barriers have you experienced in communicating across agencies and coordinating care for clients?
 - a. Are there systems that would help/areas where could it be improved?
2. What are typical caseloads – goal vs. actual?
 - a. What is your wait list?
3. Do record-keeping/data collection procedures get in the way of a patient-centered approach to care?
 - a. How could data collection not be a burden and not decrease quality of care, confidentiality, etc.?
4. How is telehealth used in your facility (e.g., direct service provision, supervision)?

State-Specific Barriers

1. Are there particular barriers to licensure for professionals moving here?
2. Does your organization participate in any loan forgiveness programs/tuition assistance/stipends that help with retention of professionals?
3. Are salary scales commensurate with other markets?

R: Training Program and Professional Association Interviews

Interviews gathered demographic data about students and graduates – not the Interview Protocol in [Appendix Q](#).

Education and Training Programs

- Albany State University College of Arts and Humanities
- Argosy University School of Professional Psychology, Department of Psychology
- Augusta University Medical College of Georgia
- Clark Atlanta University School of Social Work
- Emory University Laney Graduate School, College of Arts and Sciences, Department of Psychology
- Emory University School of Medicine
- Georgia Southern University College of Liberal Arts and Social Sciences, Department of Psychology
- Georgia State University Andrew Young School of Policy Studies, School of Social Work
- Georgia State University Byrdine F. Lewis School of Nursing and Health Professions
- Georgia State University College of Education and Human Development, Department of Counseling and Psychological Services
- Georgia State University College of Education and Human Development, Department of Counseling and Psychological Services
- Georgia State University Department of Psychology
- Kennesaw State University College of Health and Human Services, Department of Social Work and Human Services
- Mercer University School of Medicine
- Morehouse School of Medicine
- Savannah State University College of Liberal Arts and Social Sciences, Department of Social Work
- University of Georgia College of Education, Department of Counseling and Human Development Services
- University of Georgia College of Education, Department of Educational Psychology
- University of Georgia Department of Psychology
- University of Georgia School of Social Work
- Valdosta State University College of Nursing and Health Sciences
- Valdosta State University Department of Social Work

National Professional Associations

- American Academy of Pediatrics
- American Medical Association
- American Psychological Association
- American Psychiatric Nurses Association
- American Clinical Social Work Association
- National Association of Social Workers
- American Counseling Association
- National Board for Certified Counselors
- American Association for Marriage and Family Therapy

State Professional Associations

- Georgia Psychiatric Physicians Association
- American Academy of Pediatrics Georgia Chapter
- Georgia Psychological Association
- Georgia Society for Clinical Social Work
- National Association of Social Workers Georgia Chapter
- Licensed Professional Counselors Association of Georgia
- Georgia Association for Marriage and Family Therapy

S: Project Apex Focus Groups

The following Project Apex sites participated in a focus group in May 2017 to better understand barriers and assets to successful local systems of care implementation.

Project Apex Site	Location	Counties Served
Cobb and Douglas County Community Service Boards	Smyrna, GA	Cherokee, Cobb, and Douglas
Highland Rivers Health	Dalton, GA	Bartow, Cherokee, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, and Whitfield
McIntosh Trail Community Service Board	Griffin, GA	Butts, Fayette, Henry, Lamar, Pike, Spalding, and Upson
Meriwether County Schools	Greenville	Meriwether
Ogeechee Behavioral Health Services	Swainsboro, GA	Burke, Emanuel, Glascock, Jefferson, Jenkins, and Screven
Pathways Community service Board	Greenville, GA	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, and Upson

T: Sample Minimum Data Set Survey

The following tool was developed and created by the Behavioral Health Workforce Research Center (BHWRC) at the University of Michigan School of Public Health, one of seven health workforce research centers funded by the Health Resources and Services Administration (HRSA). According to their report on Minimum Data Set Surveys:

“The BHWRC followed a multi-phase process to develop a behavioral health MDS instrument collaboratively with partners and refine it through a qualitative process with key informants and focus group participants. The resulting document represents a collection of data elements that may be used to model worker supply and demand to inform behavioral health workforce planning efforts on a national, regional, and state level. MDS data elements may also be useful in assessing the comprehensiveness of workforce data sets.”

Behavioral Health Workforce Minimum Data Set Survey

Demographics

1. What is your legal name?
2. What is your birth data?
3. Please identify your race:
4. Are you Hispanic, Latino/a, or of Spanish origin?
5. What sex were you assigned at birth (on your original birth certificate)?
6. Please identify your gender:
7. What is your sexual orientation?
8. Were you born in the United States?
9. Please enter the 5-digit zip code of your current primary residence:
10. What is your US residency status related to your employment?
11. Are you currently serving in the United States military?
12. Are you a veteran of the United States Armed Forces?
13. Do you have lived experience with a mental health or substance use disorder?
14. Are you able to communicate with patients/clients in a language other than English?
 - a. If yes, what language(s)?

Licensure and Certification

15. Have you ever held a license or certificate related to your job in behavioral health?
 - a. If yes, what job-related licenses do you currently possess?
 - b. What job-related certificates do you currently possess?
16. Do you have a National Provider Identification (NPI) number?
 - a. If yes, please enter:
17. Do you have a state identification/registration number?

Education and Training

18. Which of the following describes your highest level of education?
19. If you completed a college degree, which degrees do you currently hold?
 - a. If you hold a doctoral degree, please select your field(s) of study/specialty:
 - b. If you hold a master's degree, please select your field(s) of study:
 - c. If you hold a bachelor's degree, please select your field(s) of study:
20. In what year did you complete your highest degree?
21. Where did you complete your highest earned degree?
22. Did you complete any of the following training programs as part of your highest level educational program?
 - a. If yes, please enter information about your training program(s):
23. If you are a physician, please provide information about your residency training/graduate medical education:
24. Are you currently enrolled in a formal education program leading to an education degree?
 - a. If yes, in what field is this formal education program?
 - b. What type of degree have you been working toward in this program?

Occupation and Area of Practice

25. Primary occupation and area(s) of practice:

Practice Characteristics and Settings

26. What is your employment status?
27. In how many positions are you currently employed as a behavioral health worker?
28. Please provide the following information for up to 3 employment locations, beginning with the location in which you spend the most time. Please do not include locations that are outside of the US.
 - a. Name of facility
 - b. Zip Code
 - c. Average hours worked at this location per week
 - d. Number of weeks worked at this location in the past year
 - e. Current employment arrangement at this location
 - f. Use of telehealth/telemedicine at this location as part of your job responsibilities
 - g. Employers practice setting
 - h. Average number of hours spent per week on each major job activity at this location
29. If you did not report currently providing clinical or patient care at any of your employment locations, have you ever provided direct clinical or patient care?
 - a. If yes, how many years has it been since you last provide clinical or patient care?
30. Do you provide services to individuals with developmental disabilities?
31. How many years have you been working in behavioral health, including employed, volunteer, and retirement work?
 - a. If retired, how many years have you been working in behavioral health since your retirement?
32. What are your short and longer term employment plans?

Developed by the University of Michigan School of Public Health Behavioral Health Workforce Research Center.

Retrieved from http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/02/FA1_MDS_Full-Report.pdf

U: Data Sources

Child and Adolescent Psychiatrists		
Licensing	Georgia Composite Medical Board	https://medicalboard.georgia.gov/
	American Board of Psychiatry and Neurology	https://www.abpn.com/
State Rules	Rules of Georgia Composite Medical Board	http://rules.sos.ga.gov/gac/360
State Laws	OCGA Title 43, Chapter 34	
Education	Liaison Committee on Medical Education	http://lcme.org/
	Accreditation Council for Graduate Medical Education	http://www.acgme.org/
	Emory University School of Medicine	http://med.emory.edu/
	Augusta University Medical College of Georgia	http://www.augusta.edu/mcg/
	Mercer University School of Medicine	http://medicine.mercer.edu/
	Morehouse School of Medicine	http://www.msm.edu/
Associations	Georgia Council for Child and Adolescent Psychiatry	https://www.gachildpsychiatry.org/
	American Academy of Child and Adolescent Psychiatrists	https://www.aacap.org/
	American Psychiatric Association	https://www.psychiatry.org/
	American Academy of Pediatrics	https://www.aap.org/
	Medical Association of Georgia	https://www.mag.org/georgia/
	American Medical Association	https://www.ama-assn.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Pediatricians		
Licensing	Georgia Composite Medical Board	https://medicalboard.georgia.gov/
	American Board of Pediatrics	https://www.abp.org/
State Rules	Rules of Georgia Composite Medical Board	http://rules.sos.ga.gov/gac/360
State Laws	OCGA Title 43, Chapter 34	
Education	Liaison Committee on Medical Education	http://lcme.org/
	Accreditation Council for Graduate Medical Education	http://www.acgme.org/
	Emory University School of Medicine	http://med.emory.edu/
	Augusta University Medical College of Georgia	http://www.augusta.edu/mcg/
	Mercer University School of Medicine	http://medicine.mercer.edu/
	Morehouse School of Medicine	http://www.msm.edu/
Associations	American Academy of Pediatrics Georgia Chapter	http://www.gaaap.org/
	American Academy of Pediatrics	https://www.aap.org/
	Medical Association of Georgia	https://www.mag.org/georgia/
	American Medical Association	https://www.ama-assn.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Psychologists		
Licensing	Georgia State Board of Examiners of Psychologists	http://sos.ga.gov/index.php/licensing/plb/44
	American Board of Professional Psychology	https://www.abpp.org/
	Association of State and Provincial Psychology Boards	http://www.asppb.net/
State Rules	Rules of State Board of Examiners of Psychologists	http://rules.sos.ga.gov/gac/510
State Laws	OCGA Title43, Chapter39	
Education	American Psychological Association	http://www.apa.org/
	Association of Psychology Postdoctoral and Internship Centers	https://appic.org/
Associations	Georgia Psychological Association	http://www.gapsychology.org/
	American Psychological Association	http://www.apa.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Psychiatric Nurses		
Licensing	Georgia Board of Nursing	http://sos.ga.gov/index.php/licensing/plb/45
State Rules	Rules of Georgia Board of Nursing	http://rules.sos.ga.gov/gac/410
State Laws	OCGA Title 43, Chapter 26	
Education	American Psychiatric Nurses Association	https://www.apna.org/
Associations	Georgia Nurses Association	http://www.georgianurses.org/
	American Psychiatric Nurses Association	https://www.apna.org/
	American Nurses Association	http://www.nursingworld.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Licensed Clinical Social Workers and Licensed Master's Social Workers		
Licensing	Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://sos.ga.gov/index.php/licensing/plb/43
	Association of Social Work Boards	https://www.aswb.org/
State Rules	Rules of Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://rules.sos.ga.gov/gac/135
State Laws	OCGA Title 43, Chapter 10A	
Education	Council on Social Work Education	https://www.cswe.org/
Associations	Georgia Society for Clinical Social Work	https://www.gscsw.org/
	National Association of Social Workers Georgia Chapter	http://www.naswga.org/
	American Clinical Social Workers Association	http://www.acswa.org/
	National Association of Social Workers	http://www.naswdc.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Licensed Professional Counselors and Associate Professional Counselors		
Licensing	Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://sos.ga.gov/index.php/licensing/plb/43
	American Association of State Counseling Boards	http://www.aascb.org/
	National Board for Certified Counselors	http://www.nbcc.org/
State Rules	Rules of Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://rules.sos.ga.gov/gac/135
State Laws	OCGA Title 43, Chapter 10A	
Education	Council for Accreditation of Counseling and Related Programs	http://www.cacrep.org/
Associations	Licensed Professional Counselors Association of Georgia	http://www.lpcaga.org/
	American Counseling Association	https://www.counseling.org/
	National Board for Certified Counselors	http://www.nbcc.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Licensed Marriage and Family Therapists and Associate Marriage and Family Therapists		
Licensing	Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://sos.ga.gov/index.php/licensing/plb/43
	Association of Marital and Family Therapy Regulatory Boards	https://amftrb.org/
State Rules	Rules of Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	http://rules.sos.ga.gov/gac/135
State Laws	OCGA Title 43, Chapter 10A	
Education	Commission on Accreditation for Marriage and Family Therapy Education	http://www.coamfte.org/
Associations	Georgia Association for Marriage and Family Therapy	http://www.gamft.org/
	American Association for Marriage and Family Therapy	https://www.aamft.org/
Practice	Georgia Department of Behavioral Health and Developmental Disabilities, Community Provider Manual	https://dbhdd.georgia.gov/community-provider-manuals

Other Data Sources
DBHDD Project Apex Focus Groups. Conducted by Voices for Georgia's Children on May 9, 2017.
Children's Mental Health Awareness Day Panel. Moderated by Voices for Georgia's Children on May 4, 2017.