

GEORGIA'S BEHAVIORAL HEALTH WORKFORCE: WHAT'S WORKING AND WHAT'S NEXT

Georgia has made significant progress in strengthening its child and adolescent behavioral health workforce through cross-agency collaboration, legislative action, and strategic investments.

Progress at a Glance

Georgia continues to strengthen its behavioral health workforce to ensure kids and families can access care when and where they need it.



Licensing & Oversight

- **Expanded the Behavioral Health Reform and Innovation Commission (BHRIC):** added subcommittees for Intellectual and Developmental Disabilities (IDD) and Addictive Diseases
- **Reduced provider shortages:** joined interstate compacts so licensed physicians and psychologists can serve Georgia patients, including via telehealth
- **Simplified clinical experience requirements:** for associate and licensed marriage and family therapists



K-12 Education Supports

- **Growing future workforce:** created a graduate training pipeline through Georgia Apex
- **Increased school supports:** added requirement for GaDOE to fund Student Advocacy Specialists to coordinate behavioral health services and train school staff
- **Increased school psychologist services:** allowed credentialed psychologists to provide academic and behavioral supports across state lines



Sustaining & Development

Sustaining the Workforce:

- **Passed Mental Health Parity Act:**
 - Guarantees equal coverage for behavioral and physical health
 - Increases oversight of Care Management Organizations (CMOs)
 - Expands support for children with complex needs (MATCH team)
 - Boosts co-responder training and creates new loan programs
 - Evaluates reimbursement rates and medical necessity denials
- **Increased Accountability:** more than \$20+ million in fines assessed for parity violations
- **Integrated Care Expansion:** Georgia is adopting the Certified Community Behavioral Health Clinic model to combine primary and mental health care under one roof.

Developing the Workforce by Allocating Funds to:

- **Recruit & Retain Early Intervention Providers** through Babies Can't Wait
- **Hire More School Counselors** to meet the 1:450 student-to-counselor ratio
- **Expand Medical Education** with new fellowships and residency programs in child psychiatry and primary care
- **Increase School Social Workers** to meet the recommended 1:250 ratio
- **Implement Behavioral Health Provider Rate Increases** approved by CMS

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Gaps in Georgia's Behavioral Health Workforce

- 95** counties do not have a psychiatrist¹
- 52%** of youth ages 3-17 had difficulty getting the mental health treatment or counseling they needed²
- 66%** of youth with major depression reported not receiving mental health services³
- 5M+** residents live in a designated Mental Health Professional Shortage Area⁴

Select Challenges Facing the Child and Adolescent Behavioral Health Workforce



Low Pay, High Turnover

30% to 60% of behavioral health providers leave their jobs every year due to **low wages**, **heavy paperwork**, and **burnout** ^{5, 6, 7}



Extremely Low Medicaid Reimbursement Rates

Behavioral health providers are often paid **far below market rates**, making it difficult for community-based and rural programs to recruit and retain qualified staff⁸



Training Gaps

New graduates often lack **hands-on experience** and confidence using evidence-based therapies or handling real-world administrative tasks



Limited Scope of Practice

Psychiatric nurses in Georgia face **tighter restrictions** than peers in other states, limited access to care, especially in rural communities



Safety on the Job

Social workers and behavioral health staff face **high rates of workplace violence**, which reduces morale, quality of care, and staff retention⁹

Select Challenges Facing Georgia's Children and Families

Access Still Out of Reach

Even with the progress Georgia has made, many families **still struggle** to find or afford behavioral health care for their children.

What are key obstacles experienced by families?

- ✗ Cost and insurance gaps
- ✗ Stigma and negative perceptions
- ✗ Lack of in-network providers
- ✗ Transportation and scheduling barriers
- ✗ Complex systems that are hard to navigate
- ✗ Caregivers unable to take time off work

A Workforce for Every Community

Georgia's behavioral health workforce doesn't yet reflect the **state's growing diversity**. Families who clear access barriers often face a shortage of providers who share their language or cultural background.

Why does this matter?

- **16%** of Georgians speak a language other than English at home. ¹⁰
- The state's **foreign-born population has risen nearly 40 percent** since 1990, now totaling more than 10%. ¹¹

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POLICY RECOMMENDATIONS

Scope and Practice Environment

- Continue to encourage the practice of combining primary health and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline and enforce insurer provider certification, prior authorization, and billing practices.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.

Education and Training

- Expand and standardize training that supports the behavioral health workforce in serving varied communities.
- Develop a Registered Behavior Technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.
- Continue to intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education's HOSA (Health Occupations Students of America)).

Support

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

Voices' In-Depth Child and Adolescent Behavioral Health Workforce Resources

- [An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce](#)
- [Sustaining Georgia's Child and Adolescent Workforce through Supervision](#)
- [Licensing Barriers for Foreign-trained Behavioral Health Professionals](#)
- [Whole Child Primer, 4th Edition](#)

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



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