Rural Access to Mental and Behavioral Health Care for Georgia’s Children

August 21, 2019
The Need

• More than 100,000 middle- and high-school students in Georgia reported having seriously considered harming themselves. (Source: Georgia Department of Education, Georgia Student Health Survey 2019)

• Suicide is the second leading cause of death for children age 10 to 17 in Georgia. (Source: Child Fatality Review)

• Almost 70% of youth in Department of Juvenile Justice long-term facilities have a mental health diagnosis severe enough to require ongoing treatment. (Source: Georgia Department of Juvenile Justice)
The Basics

1. People
   - Children from birth through high school.
The Basics

1- People

2- Places

• Schools, clinics, and communities.
The Basics

1- People

2- Places

3- Programs & Providers

• Georgia Apex Program, school district programs.
• Mental Health First Aid, Sources of Strength, Trauma, etc.
• Physicians, Community Service Boards (CSBs), psychiatrists, etc.
The Basics

1- People

2- Places

3- Programs & Providers

4- Payers

• Medicaid/PeachCare, State Health Benefits Plan, private insurance, federal grants, state grants, philanthropic grants.
Children need different levels of support depending on age, life experience, and family history.

200,000 children in Georgia do not have health insurance.

Recommendations

• Eliminate barriers to enrollment.

• Ensure that mental health supports and services are appropriate for a student’s age and circumstance.

• Train child-serving adults about the effects of trauma.
Children cannot achieve in school if their physical and mental health needs are not met.

Especially when transportation is an issue, it helps to give children access to services in school.

Recommendations

- Expand Federally Qualified Health Centers’ ability to establish comprehensive school-based health centers (including mental health services).
- Fully assess the opportunities to improve the effectiveness of telehealth in schools.
Despite advances in resources and awareness, there is still a **severe shortage** of pediatric health and mental professionals in rural Georgia.

**Recommendations**

- Collect data on the mental health workforce.
- Prioritize pediatric specialties for new residency slots.
- Train workforce to better address current mental health issues.
- Create a pilot for an efficient workforce pipeline.
- Include schools in the Georgia Apex Program application process.
Payers

Payment hiccups and missed funding opportunities can reduce the effectiveness of existing systems. Comparing approvals, denials and gaps can reveal ways to maximize existing investments.

Recommendations

• Compare what mental health expenses are covered and not covered by public and private insurers. Also compare if adequate frequency and duration of services are covered.

• Fully evaluate opportunities in federal funding streams, such as FFPSA and other private/public partnerships.
Georgia’s SBH Technical Assistance Hub

Georgia has made significant and meaningful investments in child and adolescent mental and behavioral health, yet we still struggle to provide services in rural areas. How can we use and coordinate these investments to maximize outcomes for rural Georgia?

Recommendation

- Create a SBH Technical Assistance Hub.
Thank you!

Questions?