

# Workforce & System Development

## Progress Update

October 29, 2020

BEHAVIORAL HEALTH REFORM & INNOVATION COMMISSION

# Members of the Subcommittee

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**Gwendolyn B. Skinner, Chair**

Vice President of Operations, Devereux  
Advanced Behavioral Health

**Sallie Coke, Ph.D.**

Director Graduate Program & FNP Project  
Coordinator, Georgia College

**Cindy Levi**

Chief Executive Officer, Avita Community  
Partners

**Mary Margaret Oliver**

Representative, District 82

**Nicoleta Serban, Ph.D.**

School of Industrial & Systems Engineering,  
Georgia Technological University

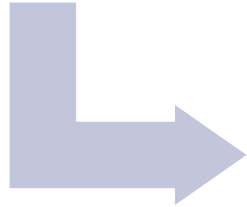
**Renee Unterman**

Senator, District 45

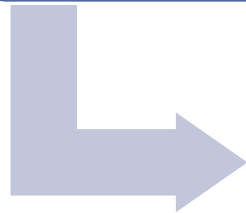
# Recommendation Development Process

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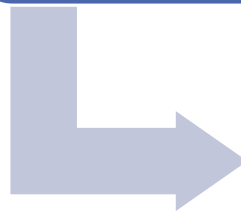
**Review of  
Previous  
Commission &  
Study Reports  
& Literature**



**Presentations  
by Key  
Informants**



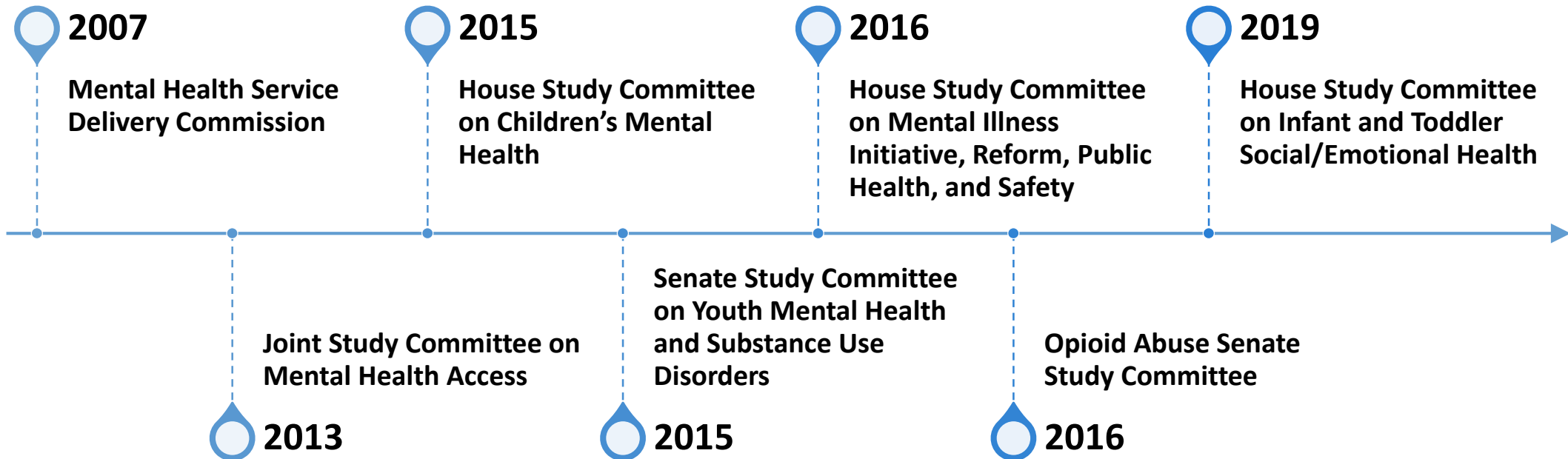
**Data Requests  
& Analysis**



**Recommendations**

# Previous Behavioral Health Commission & Study Committees

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# Literature Review

## **An Action Plan for Behavioral Health Workforce Development**

The Annapolis Coalition on the Behavioral Health Workforce. 2007

## **Mental Health & Addiction Workforce Development**

Michael A. Hoge. November 2013

## **The State of the Behavioral Health Workforce: A Literature Review**

American Hospital Association. 2015

## **The Future of the Behavioral Health Workforce: Optimism and Opportunity**

Angela J Beck et al. American Journal of Preventive Medicine. 2018

## **Closing Behavioral Health Workforce Gaps: A HRSA Program Expanding Direct Mental Health Service Access in Underserved Areas**

Hayden O. Kepley. American Journal of Preventive Medicine. 2018

## **Modernizing Scope-of- Practice Regulations – Time to Prioritize Patients**

Bianca K. Frogner, et al. New England Journal of Medicine. February 13, 2020

## **Mental Health Parity in the US: Have We Made Any Real Progress?**

Psychiatric Times. Volume 37, Issue 6. June 2020

## **Widening Disparities in Network Use and Provider Reimbursement**

Milliman Research Report, November 2019

# Key Findings

Many individuals who need treatment do not receive it – many factors are cited as sources for this treatment gap; **inadequate behavioral health care workforce** is one of them.

- **Insufficient size**
- **Frequent turnover**
- **Low compensation**
- **Minimal diversity**
- **Limited competence in evidence-based treatment**

Salaries in behavioral health professions are well below those for comparable positions in other health care sectors and in business.

- **Because salaries and reimbursements are so much lower, medical school and Ph.D. students are avoiding behavioral health professions**

Health professions have scopes of practice that overlap and can, if regulation allows, adapt depending on the health care needs of a state.

## Key Findings

Nebraska and New Mexico have enacted legislation to collect, analyze, and disseminate behavioral health workforce data, including monitoring workforce trends and identifying priorities for future workforce development. (Georgia has a similar program but it is specific only to physicians, physician assistants, and nurses.)

In late 2019, Milliman released a report card regarding the status of mental health parity across the states. Findings indicate that disparities exist in provider reimbursement levels when comparing behavioral health care to medical health care. In Georgia the rate for primary care is 38% higher than the rate for behavioral health care.

In February 2020, the Massachusetts Senate passed a bill to help support the mechanisms underlying parity. Such mechanisms include **expanding the mental health practitioner workforce and seeking a rate floor to ensure mental health clinicians and primary care providers are paid the same for similar services.**

The most comprehensive effort to address behavioral health workforce issues was conducted by the Annapolis Coalition on the Behavioral Health Workforce to develop a national action plan (funded by SAMHSA). The Coalition proposed a useful framework for improving and developing the workforce.

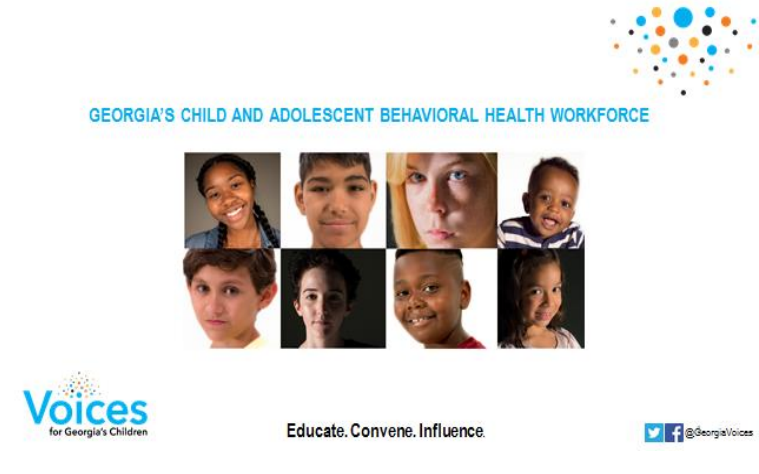

**The “Annapolis Framework” focuses on**

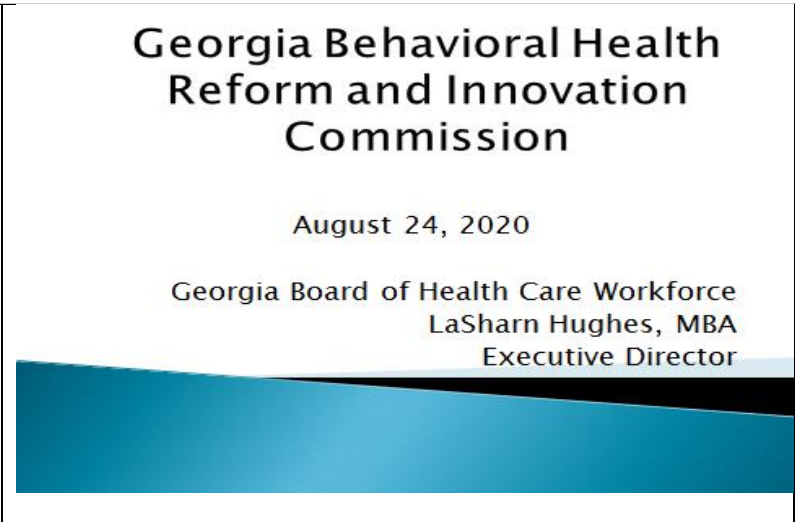

- **Broadening the concept of “workforce”**
- **Strengthening the workforce**
- **Creating structures to support the workforce**

## Key Findings



# Presentations by Key Informants

Date	Presenter/s	Presentation
June 8, 2020	Erica Fener Sitkoff, Ph.D. Voices for Georgia's Children	 <p>GEORGIA'S CHILD AND ADOLESCENT BEHAVIORAL HEALTH WORKFORCE</p> <p><b>Voices</b> for Georgia's Children</p> <p>Educate. Convene. Influence.</p> <p>@GeorgiaVoices</p>
June 30, 2020	Dante McKay, Director, Office of Children, Young Adults & Families, DBHDD and Breanna Kelly, Autism Project Coordinator, Division of Developmental Disabilities, DBHDD	 <p><b>Behavioral Health Reform &amp; Innovation Commission Workforce Subcommittee</b></p> <p><b>BE D·B·H·D·D</b></p> <p>Georgia Department of Behavioral Health &amp; Developmental Disabilities</p> <p><b>Danté McKay, JD, MPA</b> Director, Office of Children, Young Adults &amp; Families; BH Division</p> <p><b>Breanna Kelly, MS, MSW, LCSW, BCBA</b> Autism Project Coordinator; DD Division</p> <p>June 30, 2020</p> <p>DBHDD</p>

<p>August 24, 2020</p>	<p>LaSharn Hughes, MBA; Executive Director and Leanna Greenwood, MA; Senior Data Analyst - Georgia Board of Healthcare Workforce</p>	
<p>September 14, 2020</p>	<p>Tony Sanchez, Director Office of Recovery Transformation and Dr. Terri Timberlake, Director Office of Adult Mental Health - Georgia Department of Behavioral Health &amp; Developmental Disabilities</p>	

## Key Findings

Georgia's behavioral health workforce crosses multiple state and local agencies, the courts, the schools, the providers and practitioners

150 out of the 159 counties are considered Mental Health Care Professional shortage areas

77 counties have no psychiatrists working full-time

Only 53% of psychiatrists in Georgia accept Medicaid

State agencies, Care Management Organizations, and other stakeholders provide multiple training opportunities for the workforce, but they are not managed across sectors and may be duplicative or conflictive

The Georgia Board of Health Care Workforce tracks demographic and practice information on physicians and physician assistants. Nursing was added August 2020. Data completion is not mandatory, therefore some of the information is incomplete.

Loan repayment programs are available for physicians, physician assistants, advance practice registered nurses, and dentists who agree to work in targeted Georgia counties (population 50,000 or less)

## Key Findings

Georgia is a national leader in the certification of Peer Specialists – individuals with lived experience who are trained to empower others – and was the first state to include the service as Medicaid billable

- Certified Peer Specialist – Mental Health
- Certified Peer Specialist – Addictive Disease
- Certified Peer Specialist – Youth
- Certified Peer Specialist – Parent
- Ancillary Credentials for Whole Health and Forensic

# Data Requests

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Data has been requested from:

Office of the Secretary of State

Department of Behavioral Health and Developmental  
Disabilities

Department of Community Health

# Proposed Recommendations

SYSTEM DEVELOPMENT		
Strategic Area	Area of Interest	Recommendations
System Improvement	Reform and Innovation	Conduct a comprehensive Review of prior Commission and House/Senate and Joint Study Committee Reports specific to behavioral health to determine which recommendations were implemented. Of those not acted upon, determine their relevancy for reform and innovation in the current system, prioritize and establish strategies for implementation.
Parity	Compliance	Establish processes and collaborative structures to ensure parity

# WORKFORCE DEVELOPMENT

Strategic Area	Area of Interest	Recommendations
Broadening the Concept of Workforce	Peer Workforce	Analyze utilization of Peer Support and develop plan for targeted expansion of Certified Peer Specialists, both adult and youth/parent, including salary and funding strategies.
	Modernizing Scope-of-Practice Regulations	Allow Psychiatric Mental Health Nurse Practitioners to practice to the full extent of training; and grant full prescriptive authority.  Propose legislation to allow Licensed Marriage and Family Therapists to conduct 1013s.
Strengthening the Workforce	Training	Identify preferred training topics/curriculum/etc. and develop tracking and training calendars across agencies to reduce duplication and cost.

# WORKFORCE DEVELOPMENT (continued)

Strategic Area	Area of Interest	Recommendations
Creating Structures to Support the Workforce	Pay/Salaries	<p>Study salary disparities between medical and behavioral health practitioners and staff; make recommendations for parity.</p> <p>Promote and create a loan forgiveness program for behavioral health professionals.</p>
	Data to inform workforce planning	Determine the optimum methodology for collecting and reporting relevant data across the several Boards and agencies that oversee the behavioral health professional workforce. (Secretary of State, Board of Nursing, Board of Health Care Workforce, etc.) and establish processes for implementation.
	Technology	Continue the flexibilities in telehealth service delivery allowed during the COVID-19 response and make them permanent
	Billing	Study the impact to workforce expansion and management of the provider network if private practitioners are allowed to bill Medicaid Fee-for-Service (Aged, Blind, Disabled population) for services rendered.



Questions/Comments