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The Workforce as a Contributor to the Problems in Georgia's Behavioral Health Systems

Background

Determining who constitutes the behavioral health workforce and enumerating both the supply and demand of the health care professionals comprising the workforce is fundamental to beginning a policy discussion on the future of behavioral health care in Georgia. While efforts to analyze other components of the health workforce in Georgia have occurred previously, and are ongoing in some cases, a review of published reports indicates that the behavioral health workforce has not previously been a focus of study, yet this information can provide an understanding of the current and future capacity and quality of this workforce. Given the existing concerns with the behavioral health systems in Georgia, and the role workforce issues play in these concerns, the focus on workforce is critical. As behavioral health services, availability of educational programs and licensing regulations of health professions vary from state to state, it is important to look specifically at the Georgia context in determining which professions to include in the analysis. To provide a foundation of understanding, this document represents an initial review of the behavioral health workforce in Georgia; serving as a basis from which further study can be completed and additional recommendations can be made. The analysis is derived from 1) a review of the literature and data on the behavioral health workforce in Georgia; 2) conversations with state leaders directly involved in the provision of behavioral health care to Georgians; and 3) discussions with educators of behavioral health professionals.

The majority of the professions that make up the behavioral health workforce in Georgia, particularly the ones included in this brief, require a college degree. Therefore, the state's post-secondary education systems should be seen as a key resource to the behavioral health providers and employers in Georgia. Educating six of the seven professions that require a college degree, the University System of Georgia (USG) is an essential part of the solution to the shortages seen in many of the behavioral health fields. The private higher education institutions in the state also provide a multitude of health profession education programs that contribute to the behavioral health workforce and this sector needs to be considered for potential resources as well. Additionally, the Technical College System of Georgia (TCSG) trains nurses, mental health technicians and other direct care providers and is an important part of the strategy to provide a skilled workforce.

The first step to utilizing the state's post-secondary education systems to address the current behavioral health workforce inadequacies is to gain an understanding of the current and future needs of the systems utilizing these professionals. Gaining this knowledge will provide the post-secondary education systems with the information needed to better align the educational capacity across programs. Once the demand has been established, the next step will be to develop effective strategies for educating the correct number and mix of professionals. Further, ensuring that behavioral health professionals are prepared and equipped for the workforce will also be considered.

Introduction

The scale of operations of behavioral health services in Georgia makes clear why this workforce is of critical importance. As shown in Table 1, estimates from the Georgia Department of Human Resources' Division of Mental Health, Developmental Disabilities and Addictive Diseases¹ indicate that in 2004 there were 348,040 adults and 158,302 children (age 9-17) with a severe mental illness or serious emotional disorder in Georgia.² Comparatively, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimated in 2002 that the number of adults with a serious mental illness ranged from 232,000 to 446,000 in Georgia, with an additional 180,000 youth (age 9-17) living with serious emotional disturbance, excluding persons who are homeless or institutionalized.^{3,4} However, including the homeless and institutionalized population in these estimates could increase these figures dramatically. Georgia has a large homeless and institutionalized population, potentially increasing the estimate of persons with a mental health condition by as many as 14,000 or more.^{5,6,7} These data on the prevalence of mental illness provide clear evidence of the value of the behavioral health service delivery system and the health professionals working within it.

¹ The Division moved to the newly created Department of Behavioral Health and Developmental Disabilities, effective July 2009.

² Georgia Mental Health Gap Analysis. APS Healthcare, May 2005.

³ National Mental Health Information Center, Substance Abuse and Mental Health Services Administration (2002). Retrieved October 1, 2009 from: http://mentalhealth.samhsa.gov/databases/databases_exe.asp?D1=AK&Type=ASMI&Myassign=list.

⁴ Governor Sonny Perdue's Mental Health Service Delivery Commission (2008). "Final Report," accessed March 2, 2009 from: <http://www.gahsc.org/nm/2008/mhFinalCommissionReport2008.pdf>

⁵ Georgia Department of Community Affairs (2008). "Homelessness in Georgia 2008," Atlanta, GA.

⁶ Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2009).

"Homelessness," Retrieved March 25, 2009 from: <http://mentalhealth.samhsa.gov/cmhs/Homelessness/>

⁷ DeGroot, J. and McClain, S. (2009). "Mental Health Delivery System Status Report," Georgia Department of Corrections presentation slides, March 24, 2009, Atlanta, GA.

Table 1
Population Estimates of Persons with a Mental Illness or
Serious Emotional Disorder for the State of Georgia

Source	Adults	Children (Age 9-17)
State Estimates (2004)	348,000	158,302
Federal Estimates (2002)	232,000 - 446,000	180,000

Source: Georgia Mental Health Gap Analysis. APS Healthcare, May 2005 and the National Mental Health Information Center, Substance Abuse and Mental Health Services Administration (2002). Retrieved October 1, 2009 from: http://mentalhealth.samhsa.gov/databases/databases_exe.asp?DI=AK&Type=ASMI&Myassign=list.

Over the last several decades there have been many significant efforts and successful developments in addressing both the availability and quality of the care provided to persons with mental illness, while at the same time a much publicized struggle has also been taking place in Georgia. Numerous investigations and audits of the state’s provision of mental health services have revealed that the care provided continues to be severely inadequate and grossly underfunded. The *Grading the States 2009* report by the National Alliance on Mental Illness scored Georgia’s grade as a D, unchanged from 2006, which serves as a recent example that the care provided in Georgia continues to lack quality.⁸

Additional reviews of the state of Georgia’s behavioral health hospitals provide clear evidence as to the contributions that the workforce, or lack thereof, has made in a system that has been largely ineffective and in some cases detrimental to the patients in its care. A 2007 audit by the Department of Psychiatry and Health Behavior at the Medical College of Georgia provided numerous recommendations for improvement to the Division of Mental Health, Developmental Disabilities & Addictive Disease within the Department of Human Resources. The executive summary states: “Many [recommendations] pertain to areas related to staffing issues, including the recruitment, retention and training of mental health professionals, staffing mix and staffing levels.”⁹ An investigation of the hospitals by the U.S. Department of Justice’s (DOJ) Civil Rights Division also produced numerous findings regarding workforce issues that either were significant departures from accepted professional standards or resulted from severe staffing shortages. For example, the adolescent unit at the Georgia Regional Hospital in Atlanta (GRHA) was found to be unsafe for both patients and staff. The condition of the unit was explained in the report: “The psychiatrists asserted that lack of adequately trained staff resulted in “continuing clinical chaos” on the unit. Notably, GRHA staff asserted to the Department’s team that the adolescent patients would be safer outside of GRHA.”¹⁰ Additionally, the report details the results of staffing shortages: “In addition to lack of appropriate clinical oversight, GRHA suffers from a chronic nursing shortage, which has caused a number of serious deficiencies in the nursing services provided to patients.” At this time the Department of Behavioral Health and Developmental Disabilities is working with the DOJ to implement changes to the state’s

⁸ L. Aron, R. Honberg, K. Duckworth et al. (2009) *Grading the States 2009: A Report on America’s Health Care System for Adults with Serious Mental Illness*, Arlington, VA: National Alliance on Mental Illness.

⁹ Buckley, P. and N. Lewis (2007). *A Comprehensive Evaluation of Georgia’s State Hospital Services*, Medical College of Georgia Department of Psychiatry and Health Behavior, Atlanta, GA.

¹⁰ U.S. Department of Justice Civil Rights Division (2008), *CRIPA Investigation of the Georgia Regional Hospital in Atlanta*, Washington, D.C.

psychiatric hospitals and community services. If negotiations fail to bring about the changes that the DOJ is seeking, the DOJ will request that the judge appoint a federal monitor to oversee the state's behavioral health system. This process began initially with an investigation of the state's psychiatric hospitals by the DOJ in April 2007; improving patient care and a final resolution to the investigation may take years to complete.

These concerns are not limited to the public psychiatric hospitals. As reported in more detail later, reports on staffing levels in the community services boards, representing a large component of community service providers of the public mental health system, also indicate shortages. State systems highly related to the behavioral health system, including the state Department of Corrections (DOC) and Department of Juvenile Justice (DJJ), have also confirmed problems with their staffing. In fact the DJJ only recently came out of federal oversight that stemmed from grave concerns raised by the U.S. Department of Justice. Included in these concerns were inadequate staffing levels.¹¹ The children and adolescents that were in the charge of the DJJ were significantly impacted by the lack of care provided prior to the Department of Justice's investigation and implementation of a memorandum of understanding.

Due to the importance of the state's role in providing behavioral health care as discussed above, and the documented impacts that the workforce has on the provision of that care, much of the focus of this document is on the public provision of behavioral health care. Importantly however, the private sector is included where information is available as it is also vital in providing behavioral health services to Georgia's citizens.

Limitations

A limitation in the data provided in this report exists due to a lack of a national or local source for accurately describing and enumerating statistics for each profession. This report has sought to compile available statistics on the behavioral health workforce but has found limited prior work to use as a model. In addition, variances within data methodologies and years reported affect the generalizability of the available information. Thus, some caution must be taken when multiple data sources are cited that together provide a general picture of the status of the behavioral health professions. Moving forward, it is imperative that mechanisms are established to capture detailed information about Georgia's behavioral health workforce that can provide clarity for addressing workforce supply, demand and distribution issues.

Behavioral Health Workforce

The behavioral health workforce is unique and quite complex. Specifically, this workforce is comprised both of professions largely dedicated to providing behavioral health care, such as psychologists and professional counselors, and of professionals who hold a broad range of responsibilities in the general health workforce but have chosen to concentrate their professional responsibilities in the area of behavioral health. These professionals come from fields that are

¹¹ United States Department of Justice, Civil Rights Division, "State Juvenile Justice Facilities Findings Letter," Retrieved February 9, 2010 from: <http://www.justice.gov/crt/split/documents/gajuvfind.php>

able to choose between multiple focus areas, with behavioral health only being one of them. As an example, nurses are able to work in geriatrics, pediatrics, oncology, surgery and many other areas in addition to behavioral health. Similarly, the medicine field offers numerous specialties, with psychiatry representing the medical focus on behavioral health. Simply stated, most components of the health workforce represent a specific profession with specific related duties, professional culture and educational pathways providing a broad range of care to a community or general population. However, the behavioral health workforce represents a workforce comprised of numerous professions providing services to a specific patient population working in overlapping systems of care, including behavioral health, corrections and juvenile justice.

Because of this complexity, any analysis of this workforce must begin by indentifying which professions comprise it. The inclusion of professions encompasses fields in which specialized academic preparation is required or available to the person in the role, generally providing a distinct career path into the profession. In approaching the workforce in this manner, it is also clear that there are many additional fields that make contributions to the behavioral health care of Georgians that are not recognized here, but the intention is to address the primary group of professionals providing behavioral health services in Georgia.

When looking at the specific components of this workforce, two general segments emerge: the licensed professional workforce and those professions that are currently unlicensed, but appear to be highly normed across agencies in which they are found. The licensing of health professionals is managed by state regulatory agencies and serves to protect public safety by restricting practice to those individuals who have undertaken a specified educational pathway and who have proven clinical competence through a licensing exam. In most cases the individuals must demonstrate continued competence through regular and ongoing continuing education and affiliation with their respective professional association or certifying body. Licensed professionals working within the behavioral health workforce include:

- Counselors
- Registered nurses
- Physicians (generally psychiatrists)
- Psychologists
- Social workers

Non-licensed professionals may be subject to a standardized education pathway, but there are few restrictions to practice and usually no ongoing education requirements. In some cases, these professions may require certification. In general, the education requirements of these professions are lower than the licensed professions. Important unlicensed professionals seen in the behavioral health workforce include:

- Certified peer specialists
- Mental health technicians
- Pastoral counselors

Each of these licensed and unlicensed professionals will be described in detail in the following section.

Licensed Professions

Counselors

Counselors consist of licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs). LPCs in behavioral health settings or private practice work with children, adolescents and adults in both short and long-term treatment and provide individual, couple, family and group therapy.¹² LPCs can pursue multiple educational paths to become eligible for licensure. The Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists requires that LPCs have a master's, specialist or doctoral degree from a program that is primarily counseling or applied psychology in content with the inclusion of supervised practicum hours during the graduate education.¹³ These clinicians are key providers of counseling and psychotherapy to persons in many locations including out-patient centers, hospitals, non-profit agencies and private practices.

LMFTs evaluate and treat mental, emotional, and other health or behavioral problems through addressing relationship issues with a family-oriented perspective to health care.¹⁴ For licensure as a marriage and family therapist, Board rules require that the applicant earned a master's degree in marriage and family therapy, counseling, social work, medicine, applied psychology, psychiatric nursing, pastoral counseling, applied child and family development, applied sociology, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. Further, the applicant is required to have completed at least two courses in marriage and family therapy, two courses in marriage and family studies, and one course in marriage and family therapy ethics.¹⁵

Notes Regarding the Counselor Profession

These professionals are often employed interchangeably with social workers. Thus in analyzing data from employers it is often difficult to separate the professionals from one another. Also, social workers, LPCs and LMFTs can have multiple licenses among these three licensure categories and therefore could be counted multiple times in licensure data. A 2007 study of licensure data by the Licensed Professional Counselors Association of Georgia found that dual licensure applies to 15 percent of the LPCs, 21 percent of the licensed master's social workers (LMSWs) and licensed clinical social workers (LCSWs), and 55 percent of LMFTs. The study also found that an average range of 5-9 percent of licensees are retired but continue to maintain their license.¹⁶ Finally, K-12 school counselors can also license as an LPC, and many of them do. Therefore, the professional counselor licensure status would also include persons who would not likely be a counselor in a behavioral health setting, but would perform multiple responsibilities in a school setting.

¹²Licensed Professional Counselors Association of Georgia (2009). "About Us," Retrieved September 23, 2009 from <http://www.lpcaga.org>.

¹³ Georgia Board of Professional Counselors, Social Workers Marriage and Family Therapists. Requirements for Licensure, 135-5-.02 Professional Counselors. Amended.

¹⁴Georgia Association for Marriage and Family Therapy (2009). "MFT FAQ?" Retrieved September 23, 2009 from: <http://www.gamft.org>.

¹⁵ Georgia Board of Professional Counselors, Social Workers Marriage and Family Therapists. Requirements for Licensure, 135-5-.06 Marriage and Family Therapists.

¹⁶ Licensed Professional Counselors Association of Georgia (2007). "Mental Health Providers by County 2006 Year-to-Date," Retrieved November 17, 2009 from: <http://lpcaga.org/media/MHmap07.pdf>.

Registered Nurses

Registered nurses (RNs) have the flexibility to work in a variety of settings and in many different roles. The RNs working in behavioral health are the same professionals that work in other settings such as community-based hospitals, doctors' offices, clinics and others. There are two levels of nurses that choose to work in behavioral health. The first is someone who holds either an associate's degree or a bachelor's degree in nursing. These nurses receive a generalist nursing degree that includes educational content in psychiatric/mental health care and provides the opportunity to secure licensure to practice as a registered nurse (RN). In their duties as an RN, these nurses may assess client health, develop and implement nursing care plans, administer nursing care and maintain medical records. The second level is a nurse who secures a master's degree in nursing and becomes an advance practice registered nurse (APRN) with the opportunity for specialization in psychiatric/mental health nursing, receiving a degree as a psychiatric clinical nurse specialist, psychiatric/mental health nurse, or a psychiatric/mental health nurse practitioner. APRNs must also hold an RN license. In consideration of these two degree levels of nurses working in a behavioral health setting, the American Psychiatric Nurses Association states the psychiatric APRN can also "assess, diagnose, and treat individuals or families with psychiatric problems/disorders or the potential for such disorders."¹⁷

Notes Regarding the Registered Nurse Profession

The data presented on RNs prevents an easy determination of which RNs work in behavioral health settings. RNs are able to select employment in a variety of specialties and sectors, thus the data does not currently provide the information needed on the RNs who work in behavioral health specifically. The Georgia Board of Nursing provides a count of the number of licensed APRNs with a Clinical Nurse Specialist or Psychiatric Mental Health specialization; however this number includes only persons with psychiatric/mental health specific nursing education and certification as a clinical nurse specialist in psychiatric/mental health from the American Nurses Credentialing Center, and does not capture RNs practicing in behavioral health but lack specialized credentials.¹⁸ The exception to this limitation is found in survey data of RNs in Georgia, which was conducted by the Center for Health Workforce Planning and Analysis, though the response rate was fairly low (14%). In addition to the challenges found in the data on the RN workforce, the pipeline data includes RN to BSN program graduates, which includes existing RNs with associate degrees who continued their education and earned a bachelor's degree in nursing. As such, these graduates are not adding new nurses to the workforce, but are increasing the educational attainment level of the existing workforce.

Psychiatrists

Psychiatrists are physicians who "assess and treat mental illnesses through a combination of psychotherapy, psychoanalysis, hospitalization, and medication."¹⁹ According to the Association of American Medical Colleges (AAMC) psychiatrists are prepared to treat the whole person

¹⁷ American Psychiatric Nurses Association (2009). "About Psychiatric-Mental Health Nurses," Retrieved September 7, 2009 from: <http://www.apna.org/i4a/pages/index.cfm?pageid=3292>.

¹⁸ Georgia Board of Nursing. Regulation of Advanced Nursing Practice, 410-12-.05 Rules for Clinical Nurse Specialists, Psychiatric/Mental Health. Amended.

¹⁹ Association of American Medical Colleges (2009). "Careers in Medicine," Retrieved August 26, 2009 from: http://www.aamc.org/students/cim/pub_psychiatry.htm.

through a thorough understanding of the biologic, psychologic, and social components of illness. The required education for general psychiatry is a bachelor's degree, graduation from medical school (Doctor of Medicine or Doctor of Osteopathic Medicine) and a four-year residency. To practice in a sub-specialty area such as geriatric psychiatry, forensic psychiatry and child and adolescent psychiatry, up to two additional years of training are required.

Notes Regarding the Psychiatrist Profession

Psychiatrists are not the only physicians providing care for persons with mental health diagnoses. Other physician specialties also provide care to persons with a mental illness in private practice settings or in hospitals. Family physicians serve as an example of such a medical specialty. Finally, the use of APRNs to supplement the role of the psychiatrist has been increasing and changing over time and should be considered in further discussions.

Psychologists

Psychologists in Georgia must have a doctoral degree (Psy.D or Ph.D.) to practice as a licensed psychologist. There are multiple subfields of psychology including community psychology, developmental and child psychology, counseling psychology, industrial and organizational psychology, clinical psychology, and many others. Psychologists have the capacity to practice in a multitude of areas including teaching, clinical practice, and research. This brief focuses on the psychologists that work in health care and thus provide assessment, diagnosis, and treatment in either a private practice or clinical setting. In addition to the doctoral prepared psychologist, practitioners with a master's degree in psychology also serve an important role in the behavioral health workforce. A master's degree in psychology provides opportunities in the areas of psychological evaluation, assisting, when under the supervision of a psychologist, or research.²⁰ Opportunities are available to those who have a master's degree in psychology and received the requisite coursework and internship hours to pursue licensure as an LPC or LMFT.

Notes Regarding the Psychologist Profession

Data regarding the status of the workforce, demand and income are only available for doctoral prepared psychologists, and not for the master's prepared segment of the workforce. Many psychology programs do not offer the master's degree as a degree option, thus at some institutions a master's degree in psychology may be obtained only in pursuit of the doctorate. Also, the lack of a clear licensure path for those who have a master's degree in psychology makes this portion of the workforce difficult to analyze.

Social Workers

Social workers employed in the field of behavioral health provide both assessment and treatment. Services provided by social workers can include case management, life skills development, outreach, individual and group therapy, and crisis intervention.²¹ Though a bachelor's of social work (BSW) is the entry level degree, most healthcare employers require a master's degree in social work (MSW). Licensed MSWs (LMSWs) are required to practice for two years under supervision and complete a licensing examination, whereas licensed clinical social workers

²⁰ American Psychological Association (2009). "Careers in Psychology," Retrieved September 9, 2009 from <http://www.apa.org/topics/psychologycareer.html>.

²¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2008-09 Edition*, Social Workers.

(LCSWs) must have already completed three years of supervised experience and pass the clinical social work examination to be eligible for licensure.²² Licensure at the MSW level is typically the minimum expected credential in behavioral health settings, but depending on the requirements of the position and the employer, the LCSW may be the preferred or required licensure level. Licensure is regulated by the Georgia Composite Board. In addition to behavioral health care, there are many avenues and settings open to social workers including in-home care (i.e. hospice or general health care), private counseling, policy work and others.

Notes Regarding the Social Worker Profession

Social workers, like the counseling professions, can be often interchangeable with other fields. Therefore, it can be difficult to determine the demand for social workers separately from other fields as an employer would be seeking any individual with equivalent credentials.

Non-licensed Professions

Certified Peer Specialists

In 1999 the Surgeon General's Report on Mental Health was released and the report included information regarding the growing use of consumers in a variety of mental health services. While peer support groups have been part of the formal mental health service delivery for many decades, the report made clear that the expansion of the role of the consumer serving in a broader peer specialist role was a growing trend in the nation. Notably, the Surgeon General's report cited research that demonstrated positive results for clients working with peer specialists who were serving as case managers or as members of multidisciplinary teams.²³ This report assisted in creating additional opportunities for paid positions in both the public and private sectors.

Georgia developed the Certified Peer Specialist (CPS) Project to create a certified peer support workforce that can provide self-directed recovery to persons receiving mental health services in the state. Eligibility for the certification program is based on one's personal experience with mental health services and their desire to provide peer support for individuals who have been diagnosed with mental illness or who have a dual diagnosis of mental illness and addictive disease; no educational requirements exist. Through the certification process of the Georgia CPS Project, consumers of mental health services participate in training, ongoing education and support, and testing. The CPS Project website explains that, "Under immediate to general supervision, the certified peer specialist provides peer support services; serves as a consumer advocate; provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings."²⁴ The CPS certification does not have national reciprocity and thus is currently applicable only in Georgia. The state does provide Medicaid reimbursement for

²² Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Requirements for Licensure, 135-5-.03 Master's Social Workers. Amended. & 135-5-.04 Clinical Social Workers. Amended.

²³ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

²⁴ Georgia Certified Peer Specialist Project (2003). "Job Description," Retrieved August 13, 2009 from: <http://www.gacps.org/JobDescription.html>.

CPSs in the areas of peer support services, psychosocial rehabilitation, individual community support and assertive community treatment.

Mental Health Technicians

Mental health or psychiatric technicians play a key role in the delivery of behavioral health care, particularly at in-patient facilities. Mental health technicians perform a multitude of tasks including direct care activities, basic nursing procedures, implementation of portions of treatment plans, assisting patients/consumers in learning daily living skills, participating in recreational and social activities, accompanying patients/consumers to appointments and activities, and observing and documenting patient/consumer behavior. The educational requirement for a technician is usually a high school diploma or equivalent. However, there are currently two psychiatric mental health technician programs providing a certificate or an associate degree available in Georgia, one each through the USG and the TCSG.

Georgia is similar to the majority of states in that it does not license technicians providing direct care to persons with mental health diagnoses and/or developmental disabilities.²⁵ While seemingly a minor profession to some, judging from its limited entry criteria, analysis done by MCG indicated that mental health technicians were responsible for the majority of patient contact and supervision in state psychiatric facilities.²⁶ This level of contact places critical importance on this profession and how it is utilized and managed.

Pastoral Counselors

Critical to the success of the behavioral health workforce is the ease in which the services are accessible in the communities in which we live. A growing awareness is emerging of the relevance of the faith community and its ability to attract interaction with community members during times of crisis. Thus it is important to also recognize the role of pastoral counselors serving in a behavioral health environment. Although informal services may be provided, there is a formal training option for faith-based providers through pastoral counseling. In Georgia there are four private institutions offering pastoral counseling at either the master's or doctoral degree levels. As described by the American Association of Pastoral Counselors (AAPC), "Pastoral counseling moves beyond the support or encouragement a religious community can offer, by providing psychologically sound therapy that weaves in the religious and spiritual dimension."²⁷ Pastoral counseling is a non-sectarian interfaith practice, and the AAPC certified counselors work with more than 80 different faith groups. A pastoral counselor may work in an institutional setting, a counseling agency, or in private practice. Often, a pastoral counselor is employed by a counseling center that provides individual and family therapy, as well as educational programming.

²⁵ According to the American Association of Psychiatric Technicians 46 states do not have a licensure requirement for psychiatric technicians.

²⁶ Buckley, P. and N. Lewis (2007). *A Comprehensive Evaluation of Georgia's State Hospital Services*, Medical College of Georgia Department of Psychiatry and Health Behavior, Atlanta, GA.

²⁷ American Association of Pastoral Counselors (2009). "About Pastoral Counseling," Retrieved September 21, 2009 from: <https://aapc.org/content/what-pastoral-counseling>.

The Provision of Behavioral Health Care in Georgia

Even as there are numerous professions at work within Georgia's behavioral health workforce, they operate within multiple state and local agencies and the private sector. Further, just as the agencies and private sector serve varying functions and responsibilities, they are interlinked and together provide a large array of services to Georgians. While each profession comes with certain educational requirements and skill expectations that will be central to all employers, there are also unique needs that each employer may have based on the service setting. These sectors cover nearly the entire spectrum of life, and include:

Behavioral Health

The newly established Georgia Department of Behavioral Health and Developmental Disabilities²⁸ is responsible for providing therapeutic services to Georgians suffering from mental illness, substance abuse or who are developmentally disabled and cannot afford care through private psychiatric services. In many cases a combination of these diagnoses may exist in one patient. The services provided by the Department are divided into two main areas, facility-based services and community services. Facility-based services consist of in-patient services provided to Georgians with mental illnesses at seven state hospitals. In providing these in-patient services, the Department serves as an essential part of the service network and safety net. Because the intention of in-patient services is to stabilize patients with mental illness to a point where they can return and lead productive lives in the community, the Department also contracts with the community service boards and private providers to offer community-based services such as community outreach, inpatient detoxification services, day habilitation services and child, adolescent, and adult outpatient behavioral health services.

Corrections

An often overlooked fact with the nature of mental health services is the extent to which those in need of behavioral health services receive those services outside of the behavioral health system. While estimates of the percentage of those with a mental illness being confined in a correctional setting vary, it is generally accepted that the system is a vital component in the behavioral health system. As such, any look at the state's behavioral health system must consider the contributions made by this system. Because of the special needs and circumstances of certain segments of the population, the provision of correctional services is divided into two agencies based on the age of the offender.

The Georgia Department of Corrections (DOC) is responsible for confining adults who are convicted offenders. In delivering this responsibility, the DOC is legally obligated to provide care that ensures the physical and behavioral health care needs of inmates. In 2009 17.4 percent of inmates were known to have a diagnosable mental illness, a 100 percent increase over the previous decade.²⁹ Given the large segment of inmates suffering from mental illness, providing care to this large population is a significant undertaking. In order to meet this need, the

²⁸ House Bill 228 was signed into law by Governor Perdue on May 4, 2009, restructuring the Department of Human Resources (DHR). Previously a unit of DHR, the Division of Mental Health, Developmental Disabilities and Addictive Diseases became the Department of Behavioral Health and Developmental Disabilities on July 1, 2009.

²⁹ DeGroot, J. and McClain, S. (2009). "The State of GDC's Mental Health Delivery System," Georgia Department of Corrections presentation slides, May 2009, Atlanta, GA.

Department provides mental health evaluations, crisis stabilization, inpatient and outpatient services.

The Georgia Department of Juvenile Justice (DJJ) provides behavioral health services to youth who are 17 years or younger or are under the age of 21 and committed an act of delinquency prior to turning 17. As with the DOC, the DJJ is required to provide behavioral health services to those in its custody. These services include assessments, case management and treatment for substance abuse and mental health. Also similar to the DOC, there is a high proportion of youth in its custody with a mental health diagnosis. In fact, the behavioral health concerns confronting DJJ outstrip the DOC, as according to the DJJ 30 percent of the youth in its custody have a diagnosable disorder and receive ongoing mental health services.³⁰

K-12 Education

The Georgia Department of Education reaches many of the youth in the state through the provision of education, which inherently affords the opportunity to identify youth with a mental illness, developmental disability, a problem with substance abuse or a comorbidity of these conditions. Recognizing special needs, providing evaluation services and counseling, as well as the provision of specialized services are handled by local school districts for children who need additional support. Often the Department works with local school districts on efforts, such as Positive Behavior Intervention and Supports (PBIS), to improve school climate so that schools are both physically and emotionally safe places for students to learn and develop. The Department also provides special education and therapeutic support for children through the Georgia Network for Educational and Therapeutic Services. The Georgia Network for Educational and Therapeutic Support consists of 24 programs which coordinate with the local school systems to provide support for students with disabilities, ages 3 through 21. According to the Department, “the programs provide comprehensive educational and therapeutic support services to students who might otherwise require residential or other more restrictive placements due to the severity of one or more of the characteristics of the disability category of emotional and behavioral disorders.”³¹ Additionally, the Georgia Department of Education is an active participant in the statewide mental health community-based Systems of Care initiative through KidsNet Georgia, which seeks to develop, expand and sustain behavioral health services for children and adolescents.³²

Private Sector

In addition to the state and local agencies providing behavioral health services, there are private entities that provide a cadre of services including evaluation, counseling, day programs, and short and long-term inpatient care. The private sector includes services provided by agencies who are privately operated and those that are financed with private resources. For example, the private sector can include hospitals and out-patient centers that provide behavioral health care. The private agencies may accept clients with Medicaid, Medicare, private insurance and private pay.

³⁰ R. Harrison, Director of the Office of Behavioral Health at the Georgia Department of Juvenile Justice, personal communication, February 11, 2010.

³¹ Georgia Department of Education (2008). “Georgia Network for Education and Therapeutic Support (GNETS),” accessed February 11, 2010 from: http://www.doe.k12.ga.us/ci_exceptional.aspx?PageReq=CIEXCGNETS

³² KidsNet Georgia (2010). “Resources,” accessed August 19, 2010 from: www.kidsnetgeorgia.org

The behavioral health professionals discussed in this brief could potentially work in any of the settings discussed here. Additionally, there are also professionals providing behavioral health care who are not working specifically in one of these settings (i.e. primary care physicians' offices, homeless shelters, and other settings).

Demand of Behavioral Health Professionals

Understanding the projected need for behavioral health professionals is critical in planning for the capacity that will be required to develop the necessary number of professionals to meet future demands. While this information is vital, the availability of data is limited. A data source that is useful and can be looked at to measure demand is found through the Georgia Department of Labor (DOL). The long-term occupational projections and projected annual openings are developed through a multi-stage process which involves multiple surveys of employers, data gathered through unemployment insurance law reporting and the application of national change factors.³³ Importantly, this data is based on current employment statistics and labor market indicators, which are unable to reflect the true need for services. Therefore, with the recent expansion of access to health care through the Affordable Health Care for America Act, the demands placed on behavioral health service providers can be expected to increase significantly.

Table 2 provides data regarding the long-term occupational projections and projected annual openings for the behavioral health professions that are forecast by the Georgia DOL. As discussed earlier, many of the professions included can choose multiple areas of practice in addition to behavioral health. (See Appendix A for additional information regarding the occupational titles included under each profession.)

³³ Georgia Department of Labor, Workforce Information & Analysis Division, "Georgia Workforce 2016 —Beyond the Horizon," accessed March 11, 2010 from: <http://explorer.dol.state.ga.us/mis/Current/gaworkforcecurrent.pdf>

Table 2
Georgia Department of Labor Long-Term Occupational Projections
and Annual Openings, 2006-2016

Profession	Long-Term Occupational Projections 2006-2016			Long-Term Projected Annual Openings 2006-2016		% Annual Change
	Number Practicing, 2006	Projected Employment, 2016	Employment Change 2006-2016	Total Openings		
				Growth	Replacements	
Counselors	3,704	4,698	994	170		2.2%
				100	70	
Marriage & Family Therapists	249	323	74	12		2.6%
				7	5	
Registered Nurses*	1,939	2,564	625	95		2.8%
				63	32	
Psychiatrists	1,074	1,117	43	23		0.4%
				4	19	
Psychologists	3,223	4,092	859	136		2.4%
				86	50	
Mental Health & Substance Abuse Social Workers	1,257	1,782	525	80		3.6%
				53	27	
Psychiatric/Mental Health Technicians	754	862	108	20		1.8%
				11	9	

Source: Data compiled from the Georgia Department of Labor (2008). "Long Term Occupational Employment Projections," Atlanta, GA and RN data compiled from the University System of Georgia (2010). [Georgia Registered Nurse Workforce Survey, 2008 & 2009]. Unpublished raw data.

*The Registered Nurse projections were calculated by taking the Georgia DOL projections and multiplying the estimates by 3.14%, the percentage of RNs responding to the Georgia Registered Nurse Workforce survey who indicated that their primary patient base was persons who had psychiatric illnesses or developmental disabilities. The annual average percent growth was not changed, which assumes that the increase seen in RN openings is also applicable to the subset of nurses working in psychiatric/mental health settings.

A critical finding seen in the DOL data is a substantial increase in employment for behavioral health professions, or for professions that have a strong role in behavioral healthcare. Driven by such factors as the substantial growth underway in Georgia's population, Georgia is expected to see a growth of approximately 3,228 jobs in the behavioral health care professions from 2006 to 2016.^{34,35,36} Importantly, this rate of growth is much higher than the growth rate anticipated for

³⁴ Georgia Department of Labor, Workforce Information & Analysis Division, "Georgia Workforce 2016 —Beyond the Horizon," accessed March 11, 2010 from: <http://explorer.dol.state.ga.us/mis/Current/gaworkforcecurrent.pdf>

³⁵ Georgia Department of Labor (2008). "Long Term Occupational Employment Projections," Atlanta, GA

³⁶ The University System of Georgia (2010). [Georgia Registered Nurse Workforce Survey, 2008 & 2009]. Unpublished raw data.

other sectors of the job market. The professions included in Table 2 have an average annual growth rate of 2.3 percent, much higher than the annual average growth rate of all occupations of 1.3 percent. While all of the behavioral health professions listed in the chart show growth, some are clearly more significant than others in terms of growth rate. Mental health and substance abuse social workers show the largest percentage of annual growth (3.6%).

In addition to the large number of annual openings due to growth, there are also a significant number of openings due to replacement. Whether as a result of retirement, moving out of state, permanently leaving the occupation to pursue employment in other careers or other factors, the additional demand for behavioral health workers due to replacement is considerable. Planning to train the future workforce to meet the needs of the state certainly needs to include the full perspective of both positions available due to growth and also due to replacement.

Data provided directly by employers can provide a snapshot of the current demand for professionals. The state departments included provide a large portion of the state's behavioral health care and hire a large number of professionals. Table 3 provides employment statistics for the public sector employers, where available.

Table 3
Georgia Public Sector Employment Statistics

Profession	Department of Corrections (DOC)			Department of Juvenile Justice (DJJ)	Department of Behavioral Health & Developmental Disabilities (DBHDD)			Community Service Boards (CSBs)
	Positions (2009)	Percent Change (1999-2009)	Turnover Rate (2008)	Positions (2009)	Positions (2009)	Vacancy Rate (2009)	Positions Needed (2009)	Positions (2009)
Psychiatrists (Including additional CNSs)	43.5 FTEs	-33.8%	38%	7,875 FTEs	134 ¹	27.3% ¹	48 ¹	N/A
Psychologists	21.85 FTEs	-16.0%	N/A	13,325 FTEs	41	9.4%	60	N/A
Clinical Nurse Specialists (CNS)	4 FTEs	100%	N/A	N/A	N/A	N/A	N/A	N/A
Registered Nurses	N/A	N/A	N/A	N/A	540	27.1%	691	N/A
Social Workers/ Counselors/ Marriage & Family Therapists	189.5 FTEs	49.2%	16%	73	141	15.2%	100	717
Psychiatric/ Mental Health Technicians	N/A	N/A	N/A	N/A	2,238	12.8%	107	N/A

Source: DeGroot, J. and McClain, S. (2009). "Mental Health Delivery System Status Report," Georgia Department of Corrections presentation slides, March 24, 2009, Atlanta, GA; DeGroot, J. and McClain, S. (2009). "MH/MR Program Status Report," Georgia Department of Corrections presentation slides, June 2, 2009, Atlanta, GA; R. Harrison, Director of the Office of Behavioral Health at the Georgia Department of Juvenile Justice, personal communication, August 27, 2010; Georgia Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Disease. (2009). Hospital Data Summary for March 2009 [Data file]; Department of Behavioral Health and Developmental Disabilities (2009). "Plan of Implementation and Report of Compliance for the CRIPA Settlement Agreement Entered into by the United States of America and the State of Georgia January 15, 2009," Atlanta, GA; and Georgia Association of Community Service Boards (2009). "Georgia Community Service Board Mental Health Clinician Survey," provided October 21, 2009 [Data file]

¹Includes all MDs, not only those with a specialty in psychiatry
N/A, data either not available or not applicable

The available employment statistics provided by the state's public sector provide a fairly dismal picture of the behavioral health workforce. With low staffing numbers, a reduction in force in some cases and relatively high vacancy and turnover rates, there appear to be indicators of several departments struggling to provide quality care to a population dependent upon the public

sector. The data also appears to suggest that a shift could be underway in use of the doctoral or professional degree trained and higher paid staff (i.e. psychiatrists and psychologists) to master's degree staff who are lower paid (i.e. CNSs, social workers and counselors).

The data provided by DBHDD, in the form of the gap analysis, presents an important picture of the workforce needs within the state's seven hospitals. In Table 3, this data is labeled "DBHDD Positions Needed." While the number of positions and vacancy rate are indicative of the existing workforce and unfilled positions, the gap analysis takes the staffing data a step further. In calculating the number of positions needed in each category, the true number of positions needed based on staff to patient ratios is calculated, without considering budgetary constraints. Looking at nursing for example, there are a total of 540 RN positions with approximately 146 unfilled in 2009. The data from the gap analysis, however, indicates that there are 691 unfilled positions (currently vacant positions as well as the additional positions needed to reach the appropriate staff to patient ratios). Utilizing the data provided by the gap analysis provides a more accurate sense of the demand for the professions included, as long as funding is secured and the number of professionals needed can be hired to fill the positions.

Using similar logic to that which provides the stark reality of the workforce needs in the DBHDD hospitals, the DOC facilities also have greater needs than may be documented in Table 3. Due to the inmate population diagnosed with a mental health diagnosis increasing significantly and reductions in staffing, the inmate to staff ratio has increased across multiple professions.³⁷ The psychiatrist to inmate ratio has increased from 165 to 409 inmates per psychiatrist over the past decade, a 147.9 percent increase. The number of mental health inmates per psychologist in 1999 averaged 165 and in 2007 the average had risen to 387, an increase of 134.5 percent. The increase in staffing ratios can inadvertently hide the real need for additional staff, as is the case with the Department's mental health counselors. Under the current ratio of mental health/mental retardation inmates to counselors, the facilities are short 2.6 counselor positions, but under previous ratios the shortage would be 22.21 counselor positions.³⁸ A reduction in the quality of care provided is an inherent reality of addressing staffing shortages and budget limitations through increasing the caseload of behavioral health providers. Hiring both the skilled workforce needed as well as the size of workforce needed should be considered a priority for all of the public sectors providing behavioral health care to Georgia residents.

The community service boards (CSBs) are quasi-public providers of behavioral health care. As each CSB is essentially a contractor with the DBHDD, there is no central data network through which to gain statewide knowledge of employment statistics. The data provided in this report is from a survey of the CSBs in 2009 by the Georgia Association of Community Service Boards, which reported a total of 717 mental health clinicians with a master's degree were employed by a CSB or contractor (18 out of the 26 CSBs responded, a 69% response rate). The survey also found that the current master's prepared staffing levels are not able to meet the current volume of services. Further, the survey respondents reported the need to hire an additional 82 licensed master's level staff.

³⁷ DeGroot, J. and McClain, S. (2009). "The State of GDC's Mental Health Delivery System," Georgia Department of Corrections presentation slides, May 2009, Atlanta, GA.

³⁸ Georgia Department of Corrections (2009). "MH/MR Ratios: March 2009," [Data file].

A profession that lacks data but is important, particularly in the provision of out-patient behavioral health care, is pastoral counseling. The demand of pastoral counselors is difficult to ascertain as this portion of the behavioral health workforce is not separately captured by the Georgia DOL or the public sector employers. While many practicing pastoral counselors license through the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, data on the number of persons with education in pastoral counseling is not available, though if this information were available it would provide a good estimate of the size of the pastoral counseling workforce. Although certification is not mandatory for practice, the AAPC states that, “the number of AAPC-certified pastoral counselors has tripled in the last 20 years.”³⁹ As pastoral counselors typically obtain licensure and practice under the Georgia Composite Board, the future demand for pastoral counselors would be included within the estimates for professional counselors, social workers and marriage and family therapists. Estimating the demand for pastoral counselors through calculating the average percent change for mental health and substance abuse social workers and counselors equates to 2.9 percent, a higher than the average percent growth than that for all Georgia occupations of 1.3 percent.⁴⁰

An additional important factor in considering workforce demand applies to the effect of the region where the provider is located within the state. Georgia typically faces extreme variance in workforce numbers across the state. As an example, the DBHDD’s hospitals are dispersed throughout the state and the workforce conditions vary depending on location. While the average number of psychiatrist shortages per hospital is 7.1, the range varies significantly from a low of 5 to a high of 24.⁴¹ Therefore, while addressing the statewide needs for a growing behavioral health workforce, the distribution of the workforce must play an important role in planning for solutions.

Supply of Behavioral Health Professionals

It can be difficult to assess whether the supply of any given profession is sufficient to meet the local demand for that profession. Certainly examples of analyses of specific professions within the health workforce are available; however, this problem gets profoundly more difficult when considering a workforce as diverse and complex as that seen in the behavioral health sector. A proxy for this is to assess the strength of components in Georgia’s behavioral health system in comparison with that seen in other states. Such data is collected regularly by national data sources including the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services and the Department of Health and Human Services’ National Center for Health Workforce and Analysis. Additionally, data collected by the Georgia Department of Labor and local licensing boards contribute to the workforce data that is available. The table

³⁹ American Association of Pastoral Counselors (2009). “Brief History on Pastoral Counseling,” Retrieved September 30, 2009 from: <https://aapc.org/content/brief-history-pastoral-counseling>.

⁴⁰ Georgia Department of Labor (2008). “Long Term Occupational Employment Projections for Mental Health and Substance Abuse Social Workers,” and “Long Term Occupational Employment Projections for Counselors, All Other, MFTs, Mental Health Counselors Rehabilitation Counselors, Substance Abuse and Behavioral Disorder Counselors, and Therapists, All Other.”

⁴¹ Georgia Department of Behavioral Health and Development Disabilities (2009). Physician Summary provided August 19, 2009 [Data file].

below provides a comparison of this data for the state’s licensed professions (See Appendix B for more information on the data sources).

Table 4
Supply of Licensed Behavioral Health Providers in Georgia

Field	Georgia Department of Labor	National Data Sources			Georgia Licensure Boards
	Number Practicing	Number Practicing	Number per 100,000	Ranking per 100,000	Number of Licensees
Counselors	3,704 ^a	3,018 ^b	35 ^b	28 ^{th b}	4,034 ^c
Marriage & Family Therapists	249 ^a	557 ^b	6.5 ^b	31 ^{st b}	655 ^c
Psychiatric/Mental Health Advance Practice Registered Nurses	N/A	221 ^b	2.5 ^b	28 ^{th b}	294 ^d
Psychiatrists	1,074 ^a	852 ^b	10 ^b	30 ^{th b}	1,016 ^e
Psychologists	3,233 ^a	1,783 ^b	19 ^b	42 ^{nd b}	2,110 ^f
Registered Nurses	61,761 ^a	66,512 ^g	753 ^g	40 ^{th g}	99,980 ^d
Social Workers	1,257 ^a	1,655 ^b	19 ^b	41 ^{st b}	1,803/2,713 ^c

Source: ^a Georgia Department of Labor (2008). “*Long Term Occupational Employment Projections*,” Atlanta, GA; ^b Center for Mental Health Services. *Mental Health, United States, 2004*. Manderscheid, R.W., and Berry, J.T., eds. DHHS Pub no. (SMA)-06-4195. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006; ^c Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists (2010). “Number of Active Licensees as of 2/9/2010,” Atlanta, GA; ^d Georgia Board of Nursing (2010). “Number of Active Licensees as of 2/9/2010,” Atlanta, GA; ^e Georgia Board for Physicians Workforce (2009). “Trends in Psychiatry Physicians 1996-2006,” Atlanta, GA; ^f Georgia State Board of Examiners of Psychologists (2010). “Number of Active Licensees as of 2/9/2010,” Atlanta, GA; and ^g U.S. Department of Health and Human Services, National Center for Health Workforce Analysis (2007). *The Registered Nurse Population: Findings from the 2004 National Sample Survey of Registered Nurses*, Raw data file, March, Washington, DC.
N/A, Data not available

While not perfect, the data presented above provides clear indicators that across the behavioral health fields there are shortages in Georgia’s workforce supply. For each data source taken with its respective caveats, comparing the Georgia DOL’s employment estimates, the number practicing as determined through the national data sources, and the number of licensees identified by the licensure boards provides a means for determining the number of persons in the state’s licensed behavioral health workforce. As indicated in Table 4 the number of providers is low, and when combined with population statistics Georgia consistently ranks in the bottom half of the states across all behavioral health professions, and typically ranks in the bottom ten.

In considering the implications of the rankings per 100,000 population, it is also important to recognize that there are national shortages in many of the professions and thus the number of needed professionals in some cases may be vastly understated. To fully realize the severity of Georgia's nursing shortage, for example, it is important to consider that Georgia was ranked 40th out of 50 states and the District of Columbia in the number of RNs per 100,000 (2004), but this ranking does not consider that there was an estimated national shortage of approximately 168,000 RNs (2003).⁴² Therefore, the severity of the state's nursing workforce shortage may be underestimated by only looking at the ranking based on the ratio of professionals to population, even though Georgia consistently ranks low in these statistics. It is likely that similar shortages exist across the country in other professions.

Additionally, while the licensure numbers provide information on all of the licensed professionals in Georgia, these numbers are without regard to workforce status (e.g., retired and maintaining a license, working part-time) and area of practice (e.g., oncology or primary care versus behavioral health). Similar data is not available for unlicensed professionals.

Utilizing the licensure renewal process used by the relevant regulatory boards would provide the opportunity to gather survey data to provide detailed information regarding workforce characteristics. In partnership with the Georgia Secretary of State's Office the Center for Health Workforce Planning and Analysis implemented a survey of the RN workforce in 2008 which was completed through one licensure renewal cycle. The response rate for the survey was 14 percent with a total of 14,013 RN respondents. The survey included questions regarding the type of patients served by the RN and 3.14 percent (440 RNs) responded that their primary patient base was persons who had psychiatric illnesses or developmental disabilities. Table 5 presents the respondents answers comparing all RN respondents to the respondents who primarily serve patients with a psychiatric illness or developmental disability.

⁴² U.S. Department of Health and Human Services (2004). *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?*, September, Washington, DC.

Table 5
RN Licensure Renewal Survey Responses

Demographic Characteristics		All RNs	Primary Patient Base Psychiatric or Developmental Disability
Average Age:		51.2 (range of 22-85)	51.5 (range of 24-79)
Sex	Female:	93.9%	93.3%
	Male:	6.1%	6.7%
Race/ Ethnicity	American Indian/Alaska Native:	0.4%	0.5%
	Asian:	1.8%	0.7%
	Black or African American:	15.8%	28.3%
	Hispanic or Latino:	0.9%	0.9%
	Mixed:	1.0%	1.2%
	Native Hawaiian/Other/Pacific Islander:	0.1%	0.2%
	Other:	0.7%	1.2%
	White (Not Hispanic):	79.4%	67.0%
Highest Nursing Degree Awarded	Diploma	13.7%	9.8%
	Associate:	40.5%	44.5%
	BSN:	36.2%	34.1%
	MSN:	9.0%	10.9%
	Doctorate:	0.6%	0.7%
Number of years since pre-licensure nursing degree:		23.6 (range of 1-64 years)	22.8 (range of 2-58 years)
Number of years planning to continue working in nursing profession	4 years or less:	18.1%	21.1%
	6-10 years:	26.7%	24.8%
	11-15 years:	22.1%	21.6%
	16+ years:	33.2%	32.6%

Source: University System of Georgia (2010). [Georgia Registered Nurse Workforce Survey, 2008 & 2009]. Unpublished raw data.

While the number of years since receiving a pre-licensure nursing degree, average age, and sex of the RN respondents are essentially the same for both sets of respondents, there are differences found in other characteristics. For example, a larger number of minorities identified themselves as providing care to psychiatric or developmentally disabled patients (33%) compared to all RNs (20.7%). In addition, a slightly smaller proportion of the RNs working with the psychiatric and developmental disability population are educated at the baccalaureate degree level, 34.1 percent versus 36.2 percent. Finally, the number of years that the RNs are planning to continue to work in nursing suggests further problems in the near future for behavioral health employers. A large number of nurses are planning to either retire or change fields within the next five years, but more nurses caring for persons with a psychiatric illness or developmental disability indicated

that they planned to leave nursing within the next five years, 21.1 percent versus 18.1 percent for all RN respondents.

Educational Pipeline, Licensure and Certification

Included in some of the dialogue on workforce demand and supply is an assessment of general trends regarding the need and availability of these professionals. Comparing the SAMHSA data published in 2004⁴³ to the 2006⁴⁴ data shows an increase in the number of clinically trained/active behavioral health professionals in Georgia in four out of the five fields examined in both data sets. Clearly, in most cases the need for these professionals is growing due to an increasing population. One of the best indicators of future supply is the level of productivity of graduates by the post-secondary education systems that educate them. While the data on the current supply of these professions is difficult to gather, the general trend in the production of these professionals is mixed. Substantial growth in graduation counts of certain professions has occurred. However, many other professions have witnessed either a growth rate that is too small to account for Georgia's population growth or experienced a drop in graduation numbers.

Licensed Professionals

When looking at the productivity of our state's post-secondary education systems one may consider graduation counts in two ways: 1) how the graduation count changes over time, and 2) how the graduation counts change over time relative to the growth of the population. Table 6 presents data on the number of degrees and certificates conferred to the licensed professions and number of medical residents (i.e. psychiatrists) completing training for the academic years between 1999-2000 and 2007-2008 at all Georgia higher education institutions and residency programs, including both the public and private sectors. Detailed graduation counts by institution are available in Appendices C-L.

⁴³ Center for Mental Health Services. *Mental Health, United States, 2002*. Manderscheid, R.W., and Henderson, M.J., eds. DHHS Pub No. (SMA) 3938. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.

⁴⁴ Center for Mental Health Services. *Mental Health, United States, 2004*. Manderscheid, R.W., and Berry, J.T., eds. DHHS Pub no. (SMA)-06-4195. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

Table 6
Licensed Professionals Degrees and Certificates Awarded
and Number of Medical Residents Completing Training
2000-2008 from Georgia Institutions

Field	Degrees and Certificates Awarded and Number of Residents								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Professional, Community and School Counseling Master's Degrees	358	299	281	323	298	320	318	281	321
Marriage and Family Therapy Master's Degrees	0	4	14	16	18	17	26	24	24
Nursing Associate's and Bachelor's Degrees*	1495	1553	1441	1637	1973	2280	2395	2303	2530
Psychiatric/Mental Health Advanced Practice RNs Master's Degrees and Post-Master's Certificates	13	12	6	2	6	2	8	0	6
Psychiatry Residents (Includes Subspecialties)	111	106	102	101	105	118	118	116	116
Psychology Doctoral Degrees	84	102	97	113	75	78	112	81	77
Psychology Master's Degrees	206	222	200	320	289	358	342	360	364
Social Work Master's Degrees	214	263	211	236	257	276	272	300	331

Source: Accreditation Council for Graduate Medical Education. (2009). "Sponsoring Institution Search by State," [Data file]. Accessed October 7, 2009 from: <http://www.acgme.org/adspublic/>; American Medical Association (2000-2009). *Graduate Medical Education Directory*. Chicago, IL; Emory University; Georgia State University; the Integrated Postsecondary Education Data System; Medical College of Georgia; South University; The University System of Georgia; and Valdosta State University.

*The count of associate's and bachelor's degrees in nursing that were awarded during the 2000-2006 academic years include completion degrees awarded to RNs holding an Associate Degree in Nursing who returned for a Bachelor of Science in Nursing.

Table 7 presents the number of degrees and certificates conferred in relation to Georgia's population per 100,000.

Table 7
Licensed Professionals Degrees and Certificates Awarded
and Number of Residents per 100,000 Population 2000-2008

Field	Degrees and Certificates Awarded and Number of Residents per 100,000 Population								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Professional, Community and School Counseling Master's Degrees	4.35	3.55	3.27	3.70	3.34	3.52	3.41	2.95	3.31
Marriage and Family Therapy Master's Degrees	0.00	0.05	0.16	0.18	0.20	0.19	0.28	0.25	0.25
Nursing Associate's and Bachelor's Degrees	18.16	18.45	16.79	18.75	22.14	25.07	25.70	24.18	26.12
Psychiatric/Mental Health Advanced Practice RNs Master's Degrees and Post- Master's Certificates	0.16	0.14	0.07	0.02	0.07	0.02	0.09	0.00	0.06
Psychiatry Residents (Includes Subspecialties)	1.35	1.26	1.19	1.16	1.18	1.30	1.27	1.22	1.20
Psychology Doctoral Degrees	1.02	1.21	1.13	1.29	0.84	0.86	1.20	0.85	0.79
Psychology Master's Degrees	2.50	2.64	2.33	3.66	3.24	3.94	3.67	3.78	3.76
Social Work Master's Degrees	2.60	3.12	2.46	2.70	2.88	3.03	2.92	3.15	3.42

Source: Accreditation Council for Graduate Medical Education. (2009). "Sponsoring Institution Search by State," [Data file]. Accessed October 7, 2009 from: <http://www.acgme.org/adspublic/>; American Medical Association (2000-2009). *Graduate Medical Education Directory*. Chicago, IL; Emory University; Georgia State University; the Integrated Postsecondary Education Data System; Medical College of Georgia; South University; the University System of Georgia; the U.S. Census Bureau Population Estimates; and Valdosta State University.

The data provided in Table 6 and Table 7 offer important distinctions, with Table 6 showing the simple educational capacity of the state's post-secondary education system and Table 7 showing the change in the real impact that this system has over time as the population has grown. Both sets of data are valuable. The data showing simple graduation counts is valuable in that it shows variations in the levels of outputs of educational programs. Looking at changes in this data over time, a representation of the change in outputs from these programs can be seen. However the data on licensed health professions that accounts for population growth provides a more meaningful depiction because it provides a picture of the change in education outputs relative to anticipated need/demand for the behavioral health professionals being educated through these

programs. This can be seen when looking at the data on psychiatry. Looking only at graduation counts from psychiatry programs suggests that the state's psychiatry programs have maintained their level of outputs over time, and may in fact have increased them in the latter part of the decade. Simply stated, psychiatry programs across the state are meeting state needs for psychiatrists at the same level in 2008 as they were in 2000, since these programs produced roughly the same number of graduates in both years. While this reflects well on the level of outputs from the education system, looking at this data in a way that reflects population growth shows a very different picture. Doing this illustrates that the effective impact of Georgia's psychiatric residency programs has been in a state of steady decline, even as the capacity of these programs has remained relatively constant.

By looking at data showing the graduation count reflective of changes in population, we get a better sense for the relative and effective change happening in these education programs. Fortunately, in many cases real productivity of these programs is increasing, as seen by higher counts of graduates per 100,000 population for the years falling around 2008 as compared to those closer to 2000. Likely reflecting the extended history of state efforts to enhance the number of RNs in the Georgia workforce, the most dramatic growth was seen in the rate of growth in nursing graduates compared to population growth, which saw number of associate's and bachelor's degrees awarded in nursing increase by 44 percent. While lacking any long-term state emphasis, steep growth was also seen for marriage and family therapy, psychology (at the masters level) and social work, which saw a five-fold effective increase in graduates for marriage and family therapy, and increases of 50 percent and 32 percent for psychology and social work respectively.

However, other professions appear to be experiencing real reductions in capacity relative to population growth. Productivity of advanced practice RNs concentrating on behavioral health has seen the most dramatic decline, producing less than half the graduates per 100,000 population in 2008 than in 2000. Similar concerns are seen in graduates from professional, community and school counseling programs, psychiatry and doctoral psychology programs, which saw effective declines in productivity of 24 percent, 11 percent and 23 percent respectively.

One final step must also be considered when attempting to determine the actual impact of the post-secondary education system. Licensure plays a role in the final number of persons eligible to practice in the state, and fluctuations in licensure exam passage rates also impact the total number of graduates that successfully find their way into the clinical workforce. Licensure examinations are required of all the licensed behavioral health professions. The examinations provide the licensing board with information on a person's knowledge regarding the subject area and the person's ability to practice safely.

Licensure examination data is not currently available across all professions, but social work and nursing can serve as examples. As discussed earlier, Georgia has two types of licensure for persons with an MSW, the Licensed Master's Social Worker (LMSW) and the Licensed Clinical Social Worker (LCSW). In looking at the social work licensing examinations, in 2008 the statewide passage rate on the licensed master's social worker exam was 58.3 percent for first-

time candidates and 26.7 for the repeat candidates.^{45,46} Comparatively, the North American average was much higher at 74.0 percent for the first-time candidates but was lower (21.0 percent) for repeat candidates. The passage rate for Georgia graduates on the licensed clinical social worker examination was 66.9 percent for the first-time candidates and 24.5 percent for the repeat candidates. These rates are also significantly lower than the North American average, in both instances with 75.9 percent for the first time candidates and 31.1 percent for the repeat candidates passing. Appendix M provides this data with the relative number of candidates. While many MSWs that do not pass the licensing exam the first time take it go on to pass it at a later date, the level of first time pass rates suggest that a number of graduates from MSW programs do not succeed in acquiring needed licensure for clinical practice. Failing to do this prevents them from practicing in many clinical settings in Georgia and limits the impact of graduation counts from social work programs across the state.

Data on RN licensure passage rates is more robust and covers several years. Looking at this data over time shows that the passage rate on the RN licensing exam, the National Council Licensure Examination for Registered Nurses (NCLEX-RN) has been increasing in recent years. The statewide average for first-time candidates from Georgia programs in the 2009 calendar year was 91.5 percent, higher than the national average of 88.4 percent.⁴⁷ Well above the national average, this suggests that Georgia nursing programs are doing an effective job in preparing their graduates for eventual licensure and practice. Further, the high rate of passage for first-time test takers suggests that the vast majority of graduates will succeed in securing needed licensure and ultimately practice in state. A history of NCLEX-RN passage rates by Georgia institutions is available in Appendix N. Thus, while licensure examinations have only limited impact on nursing, they may have a substantial impact on the ultimate impacts of Georgia's social work programs.

Non-licensed Professions

Lacking the impacts that licensing may have on the ultimate productivity of academic programs, data on graduation counts from programs educating non-licensing professions provides a clearer picture of their actual impact on the workforce. Certainly, in some limited cases national certification may be required, or certain professions may seek licensure in another related field (e.g. pastoral counselors may seek to license as an MFT or a professional counselor). However, the data on these professions better reflects the immediate impact of these programs. Table 8 provides data on the number of degrees and certificates conferred to non-licensed professionals. Information on the number of awards conferred by institution is available in Appendices O-Q.

⁴⁵ Association of State Boards of Social Work (2008). "North American Pass/Fail Rates for the ASWB Examinations 2008," Accessed December 1, 2009 from: <http://www.aswb.org/SWLE/passrates.asp>

⁴⁶ Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists

⁴⁷ Georgia Board of Nursing, Summary of all First-Time NCLEX-RN Candidates, 2010

Table 8
Non-licensed Professionals Degrees and Certificates
Awarded 2000-2008 by Georgia Institutions

Field	Degrees and Certificates Awarded								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Pastoral Counseling Doctoral Degrees	0	2	1	1	1	4	1	2	2
Pastoral Counseling Master's Degrees	4	10	14	12	33	16	35	27	42
Psychiatric/Mental Health Technician Associate's Degree	0	0	0	0	3	0	2	2	0
Psychiatric/Mental Health Technician Certificate	0	0	0	0	6	6	2	7	2

Source: The University System of Georgia; the Technical College System of Georgia; and the Integrated Postsecondary Education Data System

Table 9 presents the number of degrees and certificates conferred in the non-licensed professions in relation to state's population per 100,000.

Table 9
Non-licensed Professionals Degrees and Certificates Awarded
per 100,000 Population 2000-2008

Field	Degrees and Certificates Awarded per 100,000 Population								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Pastoral Counseling Doctoral Degrees	.00	.02	.01	.01	.01	.04	.01	.02	.02
Pastoral Counseling Master's Degrees	.05	.12	.16	.14	.37	.18	.38	.28	.43
Psychiatric/Mental Health Technician Certificate	.00	.00	.00	.00	.07	.07	.02	.07	.02
Psychiatric/Mental Health Technician Associate's Degree	.00	.00	.00	.00	.03	.00	.02	.02	.00

Source: The University System of Georgia; the Technical College System of Georgia; the Integrated Postsecondary Education Data System; and the U.S. Census Bureau Population Estimates

As with the licensed professions, graduation counts and graduation counts relative to population growth are valuable indicators of educational supply. While subtle distinctions can be drawn looking at both sets of data, the most valuable information can be seen in Table 8, which provides data only on the number of degrees and certificates conferred to the non-licensed professions from the 1999-2000 to 2007-2008 academic years. Looking at this data, only the

master's programs appear likely to have any real impact on the number of professionals in Georgia. All other programs appear to graduate too few students to have any likely impact on the workforce. Further, these programs have consistently graduated only a small number of students and have not changed significantly over time.

Fortunately, pastoral counseling at the master's level has also shown real growth in the last decade. This is seen in both data showing raw graduation counts and data showing graduation counts relative to population growth. Both sets of data show growth in master's level pastoral counseling graduates to have increased many fold since 2000.

In interpreting this data, it is important to acknowledge the lack of data on certified peer support specialists. This reflects the lack of any higher education diploma or degree requirement for this field. While maintenance of certification is required for this field, educational requirements are not a primary focus of the field, thus preventing our ability to assess the capacity and adequacy of the pipeline.

Ongoing Challenges with Workforce Capacity

The review of the behavioral health workforce to this point has looked at basic issues related to which professions comprise this workforce, where they are working, supply and demand for this workforce, and the capacity of the education pipeline to meet growing demands for these health care providers. An awareness of these basic areas is critical to ensuring an effective understanding of the state's needs for this workforce. However, a number of other factors exist that are also important in ensuring an effective understanding of what issues may be helping or hurting the state's access to these professionals. The issues included here touch on a variety of areas that have combined to cause quick burn-out of employees, high turnover and vacancy rates, poor geographic access to services and other related problems. Detailed information similar to that presented for other sections of this brief is generally lacking and prevents a thorough description of the problems specific to Georgia. However, a brief description is provided that outlines the general parameters of these additional problems to help ensure an awareness of their existence to support further review of them in the future. These include the following:

- **Preparedness to work in behavioral health care**

An important contributing factor to the challenges within the behavioral health workforce is that many of the behavioral health professionals receive a generalist education that is intended to afford the graduate the opportunity to practice in a variety of areas. For example, Georgia nursing programs provide education for RNs in psychiatric and mental health nursing, but also provide education in medical and surgical nursing. Therefore, a recent nursing graduate would likely need work experience, or additional, dedicated education to gain specialized skills in behavioral health.

- **Specialized workforce accessibility**

Availability of persons with specialty training is also an identified problem, particularly in the areas of substance abuse, pediatrics and geriatrics. A study completed by APS Healthcare in 2005 found a particular shortage of child and adolescent psychiatrists in Georgia. The

study also noted an overall decline in the number of MD graduates selecting to specialize in psychiatry at the same time that the demand is increasing, which is likely to exacerbate the shortage in the near future.⁴⁸ Though many of the reported shortages are not quantifiable through existing data sources, the high level of anecdotal reports of challenges in hiring specialists in the behavioral health field gives credibility to the concerns outlined in the APS Healthcare study. Further data analysis and review would be necessary to become fully aware of the size and specifics of this issue.

- Distribution of the workforce

Further confounding the workforce capacity issue is that the professionals are poorly distributed across the state. Though thorough geographic evaluations of where most of the behavioral health professionals live and work has not been done, there is evidence for some occupations that suggests poor distribution of the behavioral workforce is a problem. For example, the Licensed Professional Counselors Association of Georgia completed a mapping project using 2006 licensure data for psychologists, licensed professional counselors, licensed clinical social workers, and licensed marriage and family therapists which showed that these professionals were heavily focused in the large cities and that many counties had very few or no professionals available in them.⁴⁹ While the larger cities should have a larger number of clinicians due to the larger population, the proportion of available clinicians in the rural parts of the state is not nearly equivalent. This can also be seen in the distribution of psychiatrists as analyzed by the Georgia Board for Physician Workforce. As shown in Table 10, three regions of the state (the regions including Atlanta, Augusta and Macon) were well over the state rate of 11.2 per 100,000 population, while the remaining nine regions were well below.⁵⁰ See Appendix R for the counties included in each region.

⁴⁸ Georgia Mental Health Gap Analysis. APS Healthcare, May 2005.

⁴⁹ Licensed Professional Counselors Association of Georgia (2007). "Mental Health Providers by County 2006 Year-to-Date," accessed November 17, 2009 from: <http://lpcaga.org/media/MHmap07.pdf>.

⁵⁰ Georgia Board for Physician Workforce (2009). "Trends in Psychiatry Physicians 1996-2006: Supply and Distribution of Psychiatry Physicians."

Table 10
Psychiatry Physician Distribution by
Secondary Care Service Areas, 2006

Secondary Care Service Area Region	Number of Psychiatrists per 100,000
1	6.1
2	4.2
3	14.3
4	6.5
5	5.4
6	14.5
7	18
9	6.2
10	9.5
11	7.1
12	10.5

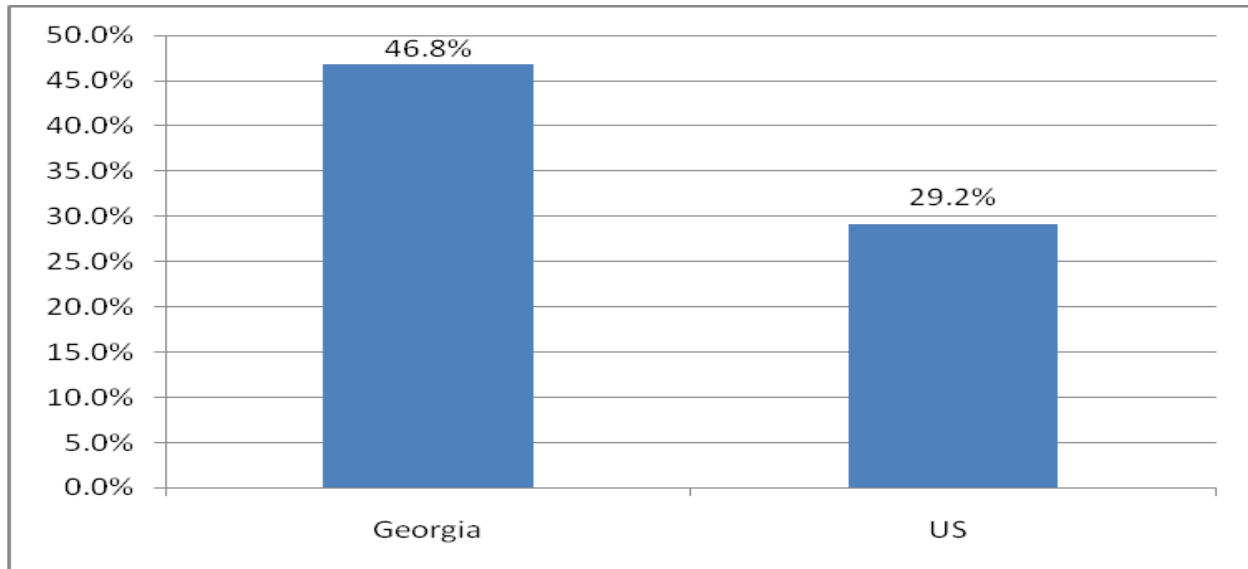
Source: Georgia Board for Physician Workforce (2009). "Trends in Psychiatry Physicians 1996-2006: Supply and Distribution of Psychiatry Physicians."

- **Statewide Population and Demographic Changes**

Compounding the shortages in the behavioral health professions are the population growth and demographic changes Georgia is experiencing. As of 2009 Georgia was the 9th most populous state in the nation and the state continues to grow at an extraordinary rate. Between 2000 and 2030 Georgia will add an average of 127,000 residents annually, representing a 46.8 percent population increase. This level of continued growth makes Georgia the 8th fastest growing state over this same time period.⁵¹ Figure 1 provides a comparison of the projected change in population for Georgia and the U.S. average.

⁵¹ U.S. Census Bureau (2005). *Interim State Population Projections: 2004-2030*. Released April 21, 2005, Washington, DC.

Figure 1
Projected Change in Total Population 2000-2030



Source: U.S. Census Bureau (2005). *Interim State Population Projections: 2004-2030*. Released April 21, 2005, Washington, DC.

- Recently enacted health reform legislation
The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 took effect January 1, 2010, requiring that group health plans providing mental health and substance abuse coverage with standard medical coverage must treat both benefits equally. In addition, the Affordable Health Care for America Act, which was signed into law on March 23, 2010 expands health coverage to many Americans who previously did not have access to healthcare. While the exact impact of these two pieces of legislation are still unknown, it is clear that expanding the accessibility of care will provide additional workforce challenges in the future as the demands on the health care system increase.
- Federal oversight of care
As demonstrated by the most recent investigation of Georgia's behavioral health hospitals by the U.S. Department of Justice's Civil Rights Division, the provision of behavioral health care by the state is impacted by many federal laws and the decisions made in several historical court cases (e.g. Americans with Disabilities Act and Olmstead v. L.C., 527 U.S. 581 (1999)). Moving forward, the requirements and intentions of the relevant federal laws must be reflected in the design and implementation of strategies to address the shortcomings seen in the behavioral health workforce.

Opportunities to Act

Georgia can no longer afford to ignore the workforce shortages that are plaguing the behavioral health employers of the state and must take action to improve the provision of behavioral health care. Fortunately there are many opportunities available that will address the number and quality of the behavioral health workforce.

1. Expand the state's training capacity. The number of programs and the capacity available in certain areas of the behavioral health workforce are a limiting factor in expanding the workforce. Developing new programs and expanding existing programs is essential in creating the number of graduates needed to boost the workforce to the numbers that are needed.
2. Create links from education to the providers through clinical training. A primary limitation in the education pipeline for students in many healthcare fields is the availability of clinical training. Providing educational opportunities in behavioral health settings for those fields that require clinical training will contribute to the students' awareness, confidence and interest in the field. Existing models can be utilized to design experiences that will provide the clinical training to meet the student's educational needs as well as serve as a benefit to the agency receiving the student.
3. Cultivate an educational environment which attracts and retains professors with clinical experience. Finding professors who have educational and employment experience in behavioral health can sometimes be a daunting task. Creative faculty arrangements, use of experienced clinicians in the classroom as professors and providing existing faculty the opportunity to access faculty practice plans need to be explored as ways to build the available pool of experienced clinicians who can also teach students.
4. Modernize professional education. An interdisciplinary professional and continuing education system needs to be developed which would foster the opportunity for all behavioral health professionals to seek development and maintenance of skills which enable professionals to maintain a high standard of care. This system could be implemented in a virtual environment with affiliations to academic institutions, ensuring quality education and accessibility. Expertise is available through existing systems available at the USG, TCSG and private institutions across the state and should be tapped to provide continuing education to the existing behavioral health workforce. Involving multiple disciplines will provide a fertile ground from which to draw content expertise, models and best practices for an enhanced provision of care.
5. Develop service cancelable loans for students. Drawing students into the behavioral health field can be difficult, but utilizing loans that commit graduates to work in behavioral health can attract recent graduates to the field. The intent of the program would be to spark interest in the behavioral health field, and the state's behavioral health providers in order to grow a sustainable workforce.

6. Provide training and retraining of existing staff where needed. In addition to creating a continuing education system, focused training could be developed and made available to the relevant professionals as desired. Several state agencies have expressed interest in involving the USG in the provision of education that is tailored to meet specific needs of the respective agency. This type of professional development could involve specific post-secondary institutions working directly with agency staff.
7. Build partnerships between behavioral health agencies/employers and post-secondary education systems to support the expansion of educational capacity. The employers of behavioral health professionals are keenly aware of the workforce that they need and the post-secondary education system understands the capabilities and opportunities that exist among the various fields comprising the workforce. Bringing both of these groups together to determine the areas of need, content, and design for expanding the state's educational capacity provides a well-designed response that includes the expertise of the appropriate people.
8. Further study of the behavioral health workforce. This brief is a first step in identifying and quantifying the workforce, but additional study is needed. Further research to determine the relevance of additional fields should be included in supplementary examinations and planning for the behavioral health workforce. For example, the relevance of the field of occupational therapy may be one that could be considered in future research. Implementing workforce surveys through the licensure process would also be invaluable in gaining a clearer picture of the supply and demand of this workforce. A survey, completed at the time when a provider is required to renew their license, would gather information on the data points relative to workforce planning. For example, a count of the number of psychologists approaching retirement age would be possible as well as the number of licensed social workers working in behavioral health.

Conclusion

Many of the professions that make up the behavioral health workforce can also choose other areas of employment. Considering that the state does not have a firm grasp of the number or demographics of those working in behavioral health, it is incredibly difficult to plan for the future needs of this workforce. Utilizing the information we learn from additional research and the implementation of licensure renewal surveys would provide the answers needed to identify and act on solutions to the challenges facing the behavioral health workforce. Partnering with state agencies and leaders, private providers, the post-secondary education systems and institutions in the state, as well as others will bring forth the capacity and desire to make Georgia's behavioral health workforce one that is ready and able to answer the call for exemplary behavioral health services for all Georgians.

Appendix A

List of Occupational Titles Included in Georgia Department of Labor Long Term Occupational Projections and Annual Openings

Profession	Occupational Titles Included
Counselors	Counselors, All Other; Mental Health Counselors; Substance Abuse and Behavior Disorder Counselors; Therapists, All Other
Marriage and Family Therapists	Marriage and Family Therapists
Registered Nurses	Registered Nurses
Psychiatrists	Psychiatrists
Psychologists	Clinical, Counseling, and School Psychologists
Social Workers	Mental Health and Substance Abuse Social Workers
Psychiatric/Mental Health Technicians	Psychiatric Aides and Psychiatric Technicians

Appendix B

List of Major Data Sources Used for Supply Data

Data Set	Year (s)	Description
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Statistics	1998-2004	Collection of data from multiple sources including professional associations; used to illustrate trends in multiple professions across the United States.
Georgia Board of Nursing	2010	Provides a current count of the number of registered nurses holding a license as an RN or APRN in Georgia.
Georgia Department of Labor	2006, 2016	Current measure of employment and long term occupational projections across occupations fields for Georgia.
Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists	2010	Provides a current count of the number of persons holding a license as a professional counselor, social worker, or marriage and family therapist in Georgia.
U.S. Department of Health and Human Services, Health Resources Services Administration, National Center for Health Workforce Analysis	2004	A national sample survey of registered nurses that provides an overview of the personal, professional and employment characteristics of registered nurses.
Georgia Board for Physician Workforce	1996-2006	A survey completed at time of license renewal (100% response rate) which provides various characteristics of the physician workforce in this state, including practice characteristics, practice location, specialty, and the demographics of the physician workforce.
Georgia State Board of Examiners of Psychologists	2010	Provides a current count of the number of psychologists holding a license in Georgia.

Appendix C

Graduation Counts, Included Counseling Programs

Institution	Sector	Degree(s)	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Albany State University	USG	Master of Education in School Counseling	13	16	13	15	19	22	13	11	14
Augusta State University	USG	Master of Education in Counselor Education	12	15	12	16	20	19	16	16	26
Clark Atlanta University	Private	Master of Arts in Community Counseling, School Counseling, and Counseling Psychology	41	14	13	30	0	0	0	9	0
Columbus State University	USG	Master of Education in School Counseling and Master of Science in Community Counseling	22	25	37	27	17	20	27	32	30
Fort Valley State University	USG	Master of Science in Guidance and Counseling	22	19	17	25	21	15	23	0	0
Georgia Southern University	USG	Master of Education in Counselor Education	33	29	26	20	26	28	43	29	45
Georgia State University	USG	Master of Education in School Counseling and Master of Science in Professional Counseling	137	90	94	106	116	108	109	78	88
South University	Private	Master of Arts in Professional Counseling	0	0	0	0	0	0	0	3	27

University of Georgia	USG	Master of Education in Professional Counseling, College Student Affairs & Administration	28	37	31	31	38	41	37	40	34
University of West Georgia	USG	Master of Education in Professional Counseling	35	48	29	40	28	55	41	43	40
Valdosta State University	USG	Master of Education in School Counseling	15	6	9	13	13	12	9	20	17
Total			358	299	281	323	298	320	318	281	321

Source: The University System of Georgia, South University, and the Integrated Postsecondary Education Data System

Appendix D

Graduation Counts, Marriage and Family Therapy

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Mercer University	Private	Master of Family Therapy	0	0	0	10	11	11	11	7	12
Valdosta State University	USG	Master of Science in Marriage and Family Therapy	0	4	14	6	7	6	15	17	12
Total			0	4	14	16	18	17	26	24	24

Source: The University System of Georgia and the Integrated Postsecondary Data System

Appendix E

Graduation Counts, Associate and Bachelor Degree Nursing Programsⁱ

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Abraham Baldwin Agricultural College	USG	Associate of Science in Nursing	51	43	41	57	91	126	122	93	86
Albany State University	USG	Bachelor of Science in Nursing	24	22	19	24	11	19	21	5	12
Armstrong Atlantic State University	USG	Bachelor of Science in Nursing	61	61	58	81	144	99	101	89	78
Athens Technical College	TCSG	Associate Degree in Nursing	33	28	26	36	45	41	35	48	41
Augusta State University	USG	Associate of Science in Nursing	22	25	23	31	39	59	66	71	58
Bainbridge College	USG	Associate of Science in Nursing	0	0	0	0	0	0	0	0	36
Brenau University	Private	Bachelor of Science in Nursing	84	45	37	40	33	54	41	40	77
Clayton State University	USG	Bachelor of Science in Nursing	0	0	0	0	0	0	88	85	80
College of Coastal Georgia*	USG	Associate of Science in Nursing	38	35	36	33	42	57	56	78	77
Columbus State University	USG	Associate of Science in Nursing	17	7	0	0	0	0	0	0	0
Columbus State University	USG	Bachelor of Science in Nursing	22	28	31	38	42	45	53	67	55
Columbus Technical College	TCSG	Associate Degree in Nursing	0	0	0	26	25	27	35	32	33
Dalton State College	USG	Associate of Science in Nursing	35	38	32	53	48	51	49	56	77
Darton College	USG	Associate of Science in Nursing	76	69	70	93	70	134	101	121	160
Emory University	Private	Bachelor of Science in Nursing	58	61	66	58	72	84	98	95	102

Georgia College & State University	USG	Bachelor of Science in Nursing	91	99	71	60	90	71	78	65	77
Georgia Highlands College	USG	Associate of Science in Nursing	41	38	52	54	85	76	87	92	103
Georgia Perimeter College	USG	Associate of Science in Nursing	105	98	68	51	75	74	44	75	89
Georgia Southern University	USG	Bachelor of Science in Nursing	50	85	63	63	90	87	81	81	84
Georgia Southwestern State University	USG	Associate of Science in Nursing	26	24	1	0	0	0	0	0	0
Georgia Southwestern State University	USG	Bachelor of Science in Nursing	41	17	9	22	21	19	24	27	29
Georgia State University	USG	Bachelor of Science in Nursing	41	56	58	55	86	101	99	75	118
Gordon College	USG	Associate of Science in Nursing	44	50	42	41	57	66	70	81	87
Kennesaw State University	USG	Bachelor of Science in Nursing	54	91	90	96	135	139	164	189	154
LaGrange College	Private	Bachelor of Science in Nursing	12	15	2	1	4	14	24	23	22
Macon State College	USG	Associate of Science in Nursing	49	51	53	63	63	54	60	62	90
Macon State College	USG	Bachelor of Science in Nursing	0	0	0	0	0	0	25	0	0
Mercer University	Private	Bachelor of Science in Nursing	0	84	70	78	82	97	139	95	111
Medical College of Georgia	USG	Bachelor of Science in Nursing	141	133	161	162	173	185	171	144	129
Middle Georgia College	USG	Associate of Science in Nursing	26	21	23	42	57	86	58	29	35
North Georgia College & State University	USG	Associate of Science in Nursing	51	47	59	79	94	117	97	118	125
North Georgia College & State University	USG	Bachelor of Science in Nursing	23	14	24	27	22	27	26	0	0
Northwestern Technical College	TCSG	Associate Degree in	0	0	0	0	20	26	37	46	30

		Nursing									
South Georgia College	USG	Associate of Science in Nursing	67	49	40	57	58	56	68	67	52
Southwest Georgia Technical College	TCSG	Associate Degree in Nursing	0	0	0	0	0	46	41	25	23
University of West Georgia	USG	Associate of Science in Nursing	1	0	0	0	0	0	0	0	0
University of West Georgia	USG	Bachelor of Science in Nursing	67	67	58	53	51	65	66	32	66
Valdosta State University	USG	Bachelor of Science in Nursing	44	52	58	63	48	78	70	64	93
West Central Technical College	TCSG	Associate Degree in Nursing	0	0	0	0	0	0	0	33	41
Total			1495	1553	1441	1637	1973	2280	2395	2303	2530

Source: The University System of Georgia, the Technical College System of Georgia and the Integrated Postsecondary Education Data System

¹RN-BSN are included from 2000-2006

*Previously the Coastal Georgia Community College

Appendix F

Graduation Counts, Advance Practice Nursing (Master's Degree and Post-Master's Degree Certificate Programs Focusing on Psychiatric/Mental Health Nursing)

Institution	Sector	Degree	Academic Year									
			2000	2001	2002	2003	2004	2005	2006	2007	2008	
Albany State University	USG	Master of Science with a Clinical Nurse Specialist in Psychiatry	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emory University	Private	Master of Science in Nursing, Psychosocial Nurse Practitioner /Clinical Nurse Specialist	9	7	4	0	0	0	0	0	0	0
Georgia State University	USG	Master of Science in Nursing, Psychiatric/ Mental Health Clinical Nurse Specialist	N/A	5	2	2	5	2	2	0	5	
Georgia State University	USG	Master of Science in Nursing, Psychiatric/ Mental Health Nurse Practitioner	0	0	0	0	0	0	0	0	1	
Georgia State University	USG	Post-Master Certificate, Clinical Nurse Specialist Psychiatric Mental Health Nursing	0	0	0	0	1	0	0	0	0	

Medical College of Georgia	USG	Master of Science in Nursing with a Concentration in Psychiatric and Mental Health Nursing	3	0	0	0	0	0	0	0	0
Medical College of Georgia	USG	Post Master Certificate, Psychiatric and Mental Health Advanced Practice Nurse	1	0	0	0	0	0	0	0	0
Valdosta State University	USG	Post-Master Certificate in Psychiatric/Mental Health Nursing	0	0	0	0	0	0	6	0	0
Valdosta State University	USG	Master of Science with a Concentration in Psychiatric/Mental Health Nursing	0	0	0	0	0	0	0	0	0
Total			13	12	6	2	6	2	8	0	6

Source: Emory University, Georgia State University, Medical College of Georgia and Valdosta State University
N/A, Data not available

Appendix G

Count of Approved Residency Positions per Institution, Psychiatry

Institution	Sector	Academic Year									
		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Emory University	Private	67	62	62	62	64	68	68	70	70	70
Medical College of Georgia	USG	28	28	24	23	25	34	34	30	30	30
Morehouse School of Medicine	Private	16	16	16	16	16	16	16	16	16	16
Total		111	106	102	101	105	118	118	116	116	116

Source: American Medical Association (2000-2009). *Graduate Medical Education Directory*. Chicago, IL

Appendix H

Graduation Counts, Included Psychology Doctoral Programs

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Argosy University	Private	Doctor of Psychology in Clinical Psychology	27	50	32	49	26	28	49	31	22
Clark Atlanta University	Private	Doctor of Philosophy in Counseling Psychology	0	2	1	0	0	1	1	0	0
Emory University	Private	Doctor of Philosophy in Psychology	8	10	10	8	12	10	11	5	10
Georgia State University	USG	Doctor of Philosophy in Psychology	9	11	21	22	11	14	17	10	17
Georgia State University	USG	Doctor of Philosophy in School Psychology	2	2	3	2	2	0	2	1	2
University of Georgia	USG	Doctor of Philosophy in Psychology	30	19	21	20	18	17	25	26	20
University of Georgia	USG	Doctor of Psychology in Counseling Psychology	8	8	9	12	6	8	7	8	6
Total			84	102	97	113	75	78	112	81	77

Source: The University System of Georgia and the Integrated Postsecondary Education Data System

Appendix I

Graduation Counts, Included Psychology Master's Programs

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Argosy University	Private	Master of Arts in Psychology	0	0	0	0	0	17	64	20	8
Argosy University	Private	Master of Arts in Counseling Psychology	45	76	78	156	99	126	84	156	166
Argosy University	Private	Master of Arts in Clinical Psychology	58	11	13	14	31	47	27	28	33
Augusta State University	USG	Master of Science in Psychology	10	6	10	14	2	10	11	15	8
Clark Atlanta University	Private	Master of Arts in Counseling Psychology	0	28	7	0	6	18	0	1	1
Emory University	Private	Master of Arts and Sciences in Psychology	10	14	12	8	7	14	13	15	14
Georgia College & State University	USG	Master of Science in Psychology	10	8	5	7	4	1	1	0	0
Georgia Southern University	USG	Master of Science in Psychology	7	8	7	11	8	11	11	13	14
Georgia Southern University	USG	Master of Education in School Psychology	9	7	1	11	15	16	14	12	15
Georgia State University	USG	Master of Arts in Psychology	15	18	11	11	14	9	24	15	9
Georgia State University	USG	Master of Education in School Psychology	0	0	0	12	16	10	9	16	9

Mercer University	Private	Master of Science in Community Counseling & School Counseling	0	0	0	12	10	18	18	17	19
North Georgia College & State University	USG	Master of Science in Community Counseling	0	0	0	4	17	6	3	9	7
University of Georgia	USG	Master of Science in Psychology	23	16	18	22	20	16	26	18	14
University of West Georgia	USG	Master of Arts in Psychology	12	21	24	24	30	28	25	16	25
Valdosta State University	USG	Master of Science in Psychology	7	9	14	14	10	11	12	9	22
Total			206	222	200	320	289	358	342	360	364

Source: The University System of Georgia and the Integrated Postsecondary Education Data System

Appendix J

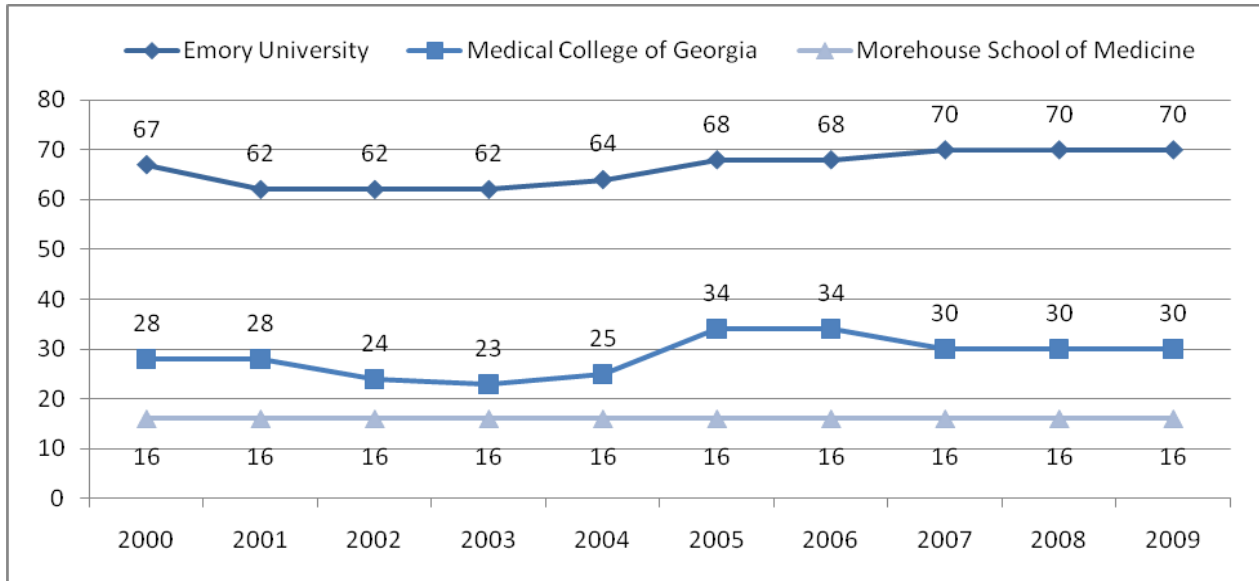
Graduation Counts, Social Work

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Clark Atlanta University	Private	Master of Social Work	50	61	26	32	39	38	43	62	65
Georgia State University	USG	Master of Social Work	24	37	27	33	21	28	33	33	25
Kennesaw State	USG	Master of Social Work	0	0	0	0	0	0	0	0	33
Savannah State University	USG	Master of Social Work	18	19	21	25	45	42	27	25	34
University of Georgia	USG	Master of Social Work	101	108	114	113	136	142	134	141	143
Valdosta State University	USG	Master of Social Work	21	38	23	33	16	26	35	39	31
Total			214	263	211	236	257	276	272	300	331

Source: The University System of Georgia and the Integrated Postsecondary Education Data System

Appendix K

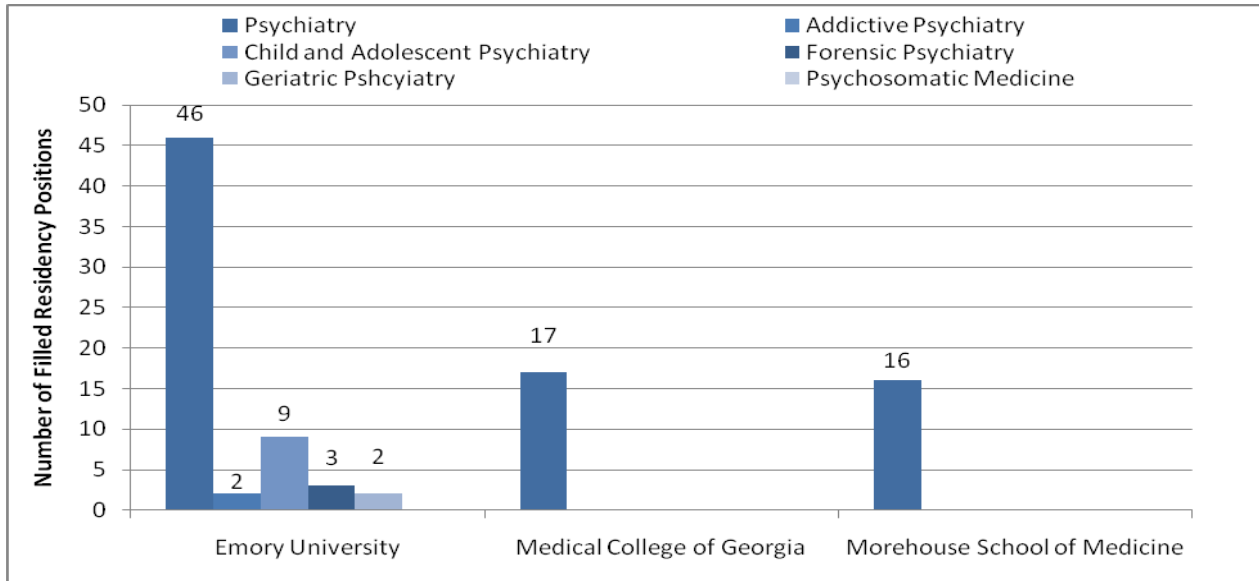
Georgia Psychiatry Residents Approved Positions by Institution, 2000-2009



Source: American Medical Association (2000-2009). *Graduate Medical Education Directory*. Chicago, IL

Appendix L

Georgia Psychiatry Residents by Subspecialty and Institution, 2009-2010



Source: Accreditation Council for Graduate Medical Education. (2009). "Sponsoring Institution Search by State," [Data file]. Accessed October 7, 2009 from: <http://www.acgme.org/adspublic/>.

Appendix M

Number of Candidates and Percentage Pass Rates for the Licensure Examination of Master's Social Workers and Clinical Social Workers for Georgia and the United States, 2008

	Georgia		United States	
	Total Number of Candidates	Percentage Passage Rate	Total Number of Candidates	Percentage Passage Rate
Masters Total	336	47	14,157	57.6
First Time	216	58.3	9,763	74.0
Repeat Group	120	26.7	4,394	21.0
Clinical Total	238	48.7	11,506	62.6
First Time	136	66.9	8,087	75.9
Repeat Group	102	24.5	3,419	31.1

Source: Association of State Boards of Social Work (2008). "North American Pass/Fail Rates for the ASWB Examinations 2008," Accessed December 1, 2009 from: <http://www.aswb.org/SWLE/passrates.asp> and the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists

Appendix N

NCLEX First-Time Test Taker Pass Rates by Institution by Year

USG Institutions' NCLEX Pass Rates

		2005	2006	2007	2008	2009
ASN						
Abraham Baldwin Agricultural College	# Passed/# candidates	114/128	103/120	74/91	83/89	102/106
	Pass rate	89.1%	85.8%	81.3%	93.3%	96.2%
Augusta State University	# Passed/# candidates	55/65	58/64	56/69	48/55	90/107
	Pass rate	91.7%	90.6%	81.2%	87.3%	84.1%
Bainbridge College	# Passed/# candidates			14/20	15/17	18/18
	Pass rate			70.0%	88.2%	100.0%
College of Coastal Georgia	# Passed/# candidates	55/56	48/54	68/77	62/76	58/63
	Pass rate	98.2%	88.9%	88.3%	81.6%	92.1%
Dalton State College	# Passed/# candidates	46/53	42/49	45/55	66/76	51/55
	Pass rate	86.8%	85.7%	81.8%	86.8%	92.7%
Darton College	# Passed/# candidates	107/121	106/119	100/116	125/160	135/150
	Pass rate	88.4%	89.0%	86.2%	78.1%	90.0%
Georgia Highlands College	# Passed/# candidates	70/74	82/89	82/92	90/102	109/123
	Pass rate	94.6%	92.1%	89.1%	88.2%	88.6%
Georgia Perimeter College	# Passed/# candidates	71/71	43/43	74/75	89/89	128/132
	Pass rate	100.0%	100.0%	98.67%	100.0%	97.0%
Gordon College	# Passed/# candidates	56/66	63/68	77/81	84/88	87/100
	Pass rate	84.9%	92.7%	95.1%	95.5%	87.0%
Macon State College	# Passed/# candidates	59/67	67/75	52/64	84/87	130/137
	Pass rate	88.1%	89.3%	81.3%	96.6%	94.9%
Middle Georgia College	# Passed/# candidates	60/70	51/56	29/29	33/33	32/33
	Pass rate	85.7%	91.1%	100.0%	100.0%	97.0%
North Georgia College & State University	# Passed/# candidates	90/99	85/97	100/118	108/125	106/114
	Pass rate	90.9%	87.6%	84.8%	86.4%	93.0%
South Georgia College	# Passed/# candidates	45/58	61/67	56/66	49/54	60/67
	Pass rate	77.6%	91.0%	84.9%	90.7%	89.6%
TOTAL ASN	# Passed/# candidates	828/923	809/901	827/953	936/1,051	1,106/1,205
	Pass rate	89.7%	89.8%	86.8%	89.1%	91.8%
BSN						
Albany State University	# Passed/# candidates	5/9	4/4	5/5	11/12	7/7
	Pass rate	55.6%	100.0%	100.0%	91.7%	100.0%
Armstrong Atlantic State University	# Passed/# candidates	65/83	75/82	79/91	74/79	108/124
	Pass rate	78.3%	91.5%	86.8%	93.7%	87.1%
Clayton State University	# Passed/# candidates	51/55	59/65	56/71	71/81	73/78
	Pass rate	92.7%	90.1%	78.9%	87.7%	93.6%

Columbus State University	# Passed/# candidates	38/42	53/53	60/63	52/56	79/82
	Pass rate	90.5%	100.0%	95.2%	82.9%	96.3%
Georgia College & State University	# Passed/# candidates	55/64	64/67	58/61	70/73	75/76
	Pass rate	85.6%	95.5%	95.1%	95.9%	98.7%
Georgia Southern University	# Passed/# candidates	67/71	73/79	72/80	70/84	74/90
	Pass rate	94.4%	92.4%	90.0%	83.3%	82.2%
Georgia Southwestern State University	# Passed/# candidates	11/15	23/25	21/23	23/29	24/26
	Pass rate	73.3%	92.0%	91.3%	79.3%	92.3%
Georgia State University	# Passed/# candidates	89/97	95/100	73/76	120/124	100/112
	Pass rate	91.8%	95.0%	96.1%	96.8%	89.3%
Kennesaw State University	# Passed/# candidates	133/155	133/148	203/215	130/142	194/207
	Pass rate	85.8%	89.9%	94.4%	91.5%	93.7%
Medical College of Georgia	# Passed/# candidates	140/153	136/152	135/146	117/129	149/156
	Pass rate	91.5%	89.5%	92.5%	90.7%	95.5%
University of West Georgia	# Passed/# candidates	26/30	32/37	29/31	66/67	60/66
	Pass rate	86.7%	86.5%	93.6%	98.5%	90.9%
Valdosta State University	# Passed/# candidates	52/57	59/69	63/78	77/89	77/95
	Pass rate	91.2%	85.5%	80.8%	86.5%	81.1%
TOTAL BSN	# Passed/# candidates	732/831	806/881	854/940	881/965	1,020/1,119
	Pass rate	88.1%	91.5%	90.9%	91.3%	91.2%
MSN (CNL)						
Medical College of Georgia	# Passed/# candidates				11/12	27/28
	Pass rate				91.7%	96.4%
TOTAL MSN	# Passed/# candidates				11/12	27/28
	Pass rate				91.7%	96.4%
TOTAL ALL DEGREES	# Passed/# candidates	1,560/1,754	1,615/1,782	1,681/1,893	1,828/2,028	2,153/2,352
	Pass rate	88.9%	90.6%	88.8%	90.1%	91.5%

TCSG Institutions' NCLEX Pass Rates

		2005	2006	2007	2008	2009
ADN						
Athens Technical College	# Passed/# candidates	38/40	34/35	49/53	39/41	39/39
	Pass rate	95.0%	97.0%	92.5%	95.1%	100.0%
Columbus Technical College	# Passed/# candidates	24/27	30/35	32/33	29/33	57/61
	Pass rate	88.9%	85.7%	97.0%	87.9%	93.4%
Georgia Northwestern Technical College	# Passed/# candidates	20/26	33/36	38/44	30/30	26/27
	Pass rate	76.9%	91.7%	86.4%	100.0%	96.3%
Southwest Georgia Technical College	# Passed/# candidates	38/46	27/40	21/24	23/24	23/25
	Pass rate	82.6%	67.5%	87.5%	95.8%	92.0%
West Georgia Technical College	# Passed/# candidates		28/29	3/4	37/41	34/39
	Pass rate		96.6%	75.0%	90.2%	87.2%
TOTAL ADN	# Passed/# candidates	120/139	152/175	143/158	158/169	179/191
	Pass rate	86.3%	86.9%	90.5%	93.5%	93.7%

Private Institutions' NCLEX Pass Rates

		2005	2006	2007	2008	2009
BSN						
Brenau University	# Passed/# candidates	33/37	39/40	30/39	54/66	57/68
	Pass rate	89.2%	97.5%	76.9%	81.8%	83.8%
Emory University	# Passed/# candidates	75/80	90/92	84/92	95/101	88/91
	Pass rate	93.8%	97.8%	91.3%	94.1%	96.7%
LaGrange College	# Passed/# candidates	14/14	16/24	14/23	18/22	30/30
	Pass rate	100.0%	66.7%	60.9%	81.8%	100.0%
Mercer University	# Passed/# candidates	61/72	123/137	79/87	102/104	131/136
	Pass rate	84.7%	89.8%	90.8%	98.1%	96.3%
Piedmont College	# Passed/# candidates	14/20	20/25	16/22	12/12	12/12
	Pass rate	70.0%	80.0%	72.7%	100.0%	100.0%
TOTAL BSN	# Passed/# candidates	197/223	288/318	223/263	281/305	318/337
	Pass rate	88.3%	90.6%	84.8%	92.1%	94.4%

Source: Georgia Board of Nursing, Summary of all First-Time NCLEX-RN Candidates, 2010

Appendix O

Graduation Count, Pastoral Counseling Doctoral Degrees

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Columbia Theological Seminary	Private	Doctor of Theology in Pastoral Counseling	0	0	0	1	0	2	1	1	2
Emory University	Private	Doctor of Theology in Pastoral Counseling	0	2	1	0	1	2	0	1	0
Total			0	2	1	1	1	4	1	2	2

Source: The Integrated Postsecondary Education Data System

Appendix P

Graduation Counts, Pastoral Counseling, Master's Degrees

Institution	Sector	Degree	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Beacon University	Private	Master of Pastoral Counseling & Specialized Ministries	0	0	0	0	1	0	5	0	10
Luther Rice University	Private	Master of Pastoral Counseling & Specialized Ministries	4	10	14	12	32	16	30	27	32
Total			4	10	14	12	33	16	35	27	42

Source: The Integrated Postsecondary Education Data System

Appendix Q
 Graduation Counts, Psychiatric and Mental Health Technician Programs

Institution	Sector	Degree/ Awards	Academic Year								
			2000	2001	2002	2003	2004	2005	2006	2007	2008
Darton College	USG	Associate of Applied Science in Psychiatric Technology	0	0	0	0	3	0	2	2	0
Darton College	USG	Psychiatric Technician Certificate	0	0	0	0	6	6	2	5	0
Savannah Technical College	TCSG	Mental Health Technician Certificate	0	0	0	0	0	0	0	2	2
Total			0	0	0	0	9	6	4	9	2

Source: The University System of Georgia and the Technical College System of Georgia

Appendix R

Secondary Care Service Areas

Secondary Care Service Areas pertains to regions approved by the Georgia legislature that provide regional boundaries for the purpose of consistency in planning and service delivery from State Agencies.

Secondary Care Service Area	Included Counties
1	Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield
2	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union White
3	Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale
4	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson
5	Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, Walton
6	Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs, Wilkinson
7	Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Taliaferro, Warren, Washington, Wilkes
8	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
9	Appling, Bleckley, Candler, Dodge, Emanuel, Jeff Davis, Johnston, Laurens, Montgomery, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox
10	Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth
11	Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware
12	Bryan, Bulloch, Camden, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Screven, Tattnall

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