



## THE CASE FOR A DEDICATED MENTAL HEALTH WORKFORCE DEVELOPMENT TASK FORCE

### Our Ask

Chatham County Commissioners to establish to establish a **Task Force** with the explicit goal of expanding and sustaining a mental health workforce to meet the needs of a growing population.

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### Framing the Case: County Leadership and the Remaining Gap

We acknowledge and appreciate the County's:

- Longstanding commitment to addressing mental health.
- Support for collaborative efforts with community coalitions.
- Continued leadership in improving mental health systems.

### However, a critical gap remains:

Workforce development—specifically, the shortage of mental health professionals—is not being adequately addressed. This impedes equitable, timely access to care.

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### Workforce Development Gap

- Chatham County continues to be designated a **Mental Health Professional Shortage Area (MHPSA)** by U.S. Health Resources and Services Administration HRSA. [Link: https://data.hrsa.gov/tools/shortage-area](https://data.hrsa.gov/tools/shortage-area)

*This designation considers the population-to-provider ratio along with other contributing factors such as poverty rates, the prevalence of mental illness, travel times to care, and access to core mental health services.*

- Chatham County population-to-provider ratio: 522:1
- **Commissioner Kevin Tanner** of the Georgia Department of Behavioral Health and Developmental Disabilities recently described this as a “**state of emergency**” for Georgia’s mental health workforce.
- A 2024 *Forbes* article ranked Georgia **second-worst in the nation** for access to mental health care.

**Despite robust efforts, workforce development is not currently being addressed by existing coalitions.**

- A critical **shortage of mental health providers** affects multiple sectors:
- Shortages affect:
  - Outpatient clinics
  - Public schools
  - Detention centers
  - Emergency services
  - Private practices
- No psychiatrists currently accept Medicaid in the county.
- Aging psychologist population and a limited pool of psychiatrists.
- Schools lack adequate mental health staff (e.g., 14 state-funded social workers for over 35,000 students). *(We are grateful that the state recently granted SCCPSS access to virtual mental health services.)*

*Mental health providers have consistently voiced concerns about workforce shortages. See the list of stakeholders in the appendix who have highlighted these challenges.*

- **The consequences are significant:**
  - Residents experience **barriers to timely care**.
  - Average **wait times range from 6 to 8 months** for the general public.

- Incarcerated individuals face **up to 12-month delays** for psychiatric evaluation and treatment.
- Schools lack sufficient support staff for student mental health needs. (we acknowledge that State recently granted SCCPSS virtually mental services)
- Delays in care **increase the risk of preventable crises.**
- Prolonged inaccessibility **threatens civil rights and community safety.**

**Source: #1 The most recent (2022) St. Joseph's/Candler Community Health Needs Assessment:**

- **Mental health care** was identified as the *largest* gap in healthcare services in Chatham County (55%)
- Respondent stated gaps create Followed by **difficulty finding doctors accepting new patients** (48%)
- And **lack of affordable care** (46%)

[CHNA 2022 Report: https://www.sjchs.org/community/community-health-needs-assessment](https://www.sjchs.org/community/community-health-needs-assessment)

**Source #2: Listening sessions within our 24-member congregational network and multiple interviews with mental health providers and consumers completed over the last six months. The following are specific Examples of how residents are experiencing this gap:**

- Parents and individuals needing psychological evaluations are waiting 6–8 months to schedule an appointment for children needing mental health assessments by a psychologist
- Parents and individuals requesting therapeutic care are waiting 6-8 months for appointments.
- Medicaid recipients are struggling to find clinicians who accept their coverage, and experience long wait times if they do
- Currently, **zero psychiatrists** in the county accept Medicaid.

**Source #3: Stakeholder Interviews** (e.g., former Commissioner Helen Stone, Commander Todd Freesman, Attorney Fraser Klein (Mental Court Advocate), Phylicia Anderson, LCSW with Gateway CSB, Dr. John Prather and Christie Lastinger, MSW with GRHS, SCCPSS school counselors, private practice psychologists and counselors.

**Source #4: News Articles**

<https://thecurrentga.org/2024/01/22/poor-access-to-mental-health-care-leaves-georgia-children-who-need-a-psychiatrist-in-the-lurch/?utm>

<https://www.savannahnow.com/story/news/courts/2023/12/06/chatham-countys-mental-health-court-faces-critical-backlog-in-services/71480364007/>

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## JUST's Advocacy Proposal

We recommend a Task Force focused on:

- Enhancing school-to-career pathways
- Incentivizing recruitment/retention (e.g., loan forgiveness, bonuses)
- Supporting provider training and clinical capacity
- Pursuing innovative and sustainable funding (e.g., opioid settlement funds, public-private partnerships)
- Identifying and maximizing existing resources across sectors

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## Why a Dedicated Task Force?

A focused, cross-sector task force would:

- Provide a **centralized, action-oriented approach**
- Develop and implement **long-term, sustainable strategies**
- Address the **growing demand for mental health services**
- Promote **equity and continuity** in care delivery

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## Models That Work: Examples of Effective Task Forces

Other regions have demonstrated the power of targeted task force and workforce development:

- Forsyth County (GA), Denver (CO), and Vermont have launched similar task forces with proven results. While these are not 100% perfect examples, they demonstrate that task forces with specific, measurable goals can produce impactful outcomes in enhancing the workforce and reducing wait times.

## **Forsyth County, Georgia**

- While Forsyth County has fewer mental health providers per resident, its Task Force—launched in 2010 and focused on collaboration between the justice and mental health sectors—has led to considerable improvements.
- Efforts included cross-sector stakeholder engagement, leading to:
- Improved coordination
- Reduced wait times for incarcerated individuals
- Lower incarceration rates due to diversion efforts
- Expanded workforce access
- Ranked #33 in U.S. News & World Report’s mental health metrics

Source: <https://www.usnews.com/news/healthiest-communities/rankings>

## **Denver, Colorado**

**Ranking:** #8 metro area for healthcare access.

**Link:** <https://caring4denver.org/impact>

### **Denver: Mental Health Workforce Accelerator Collaborative**

- Denver created a partnership with Kaiser Permanente to create a Mental Health Workforce Accelerator Collaborative: Kaiser Permanente dedicated \$4.2 million in grants to support workforce development efforts.
- **Workforce Pipeline Expansion:** The program prioritizes helping students secure preceptorships and offers financial incentives to both students and community organizations willing to provide training.
- **Targeted Placements:** The initiative has already placed 33 participants in its first cohort, focusing on nonprofit and public mental health services.

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## **Behavioral Health Incentive Program – Colorado**

- Colorado established a \$9 million fund through SB21-137, supported by the federal American Rescue Plan Act, to encourage students in rural and low-income communities to pursue behavioral health careers.
- The program covers in-state tuition for eligible students enrolled in behavioral health programs at Colorado institutions.
- The Colorado Department of Higher Education approved \$5 million in grants to five universities to provide tuition support for select degrees and certificates.
- The state estimates the program will serve nearly 400 students in its first two years and run for four years.

Source: <https://caring4denver.org/impact>

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## **Vermont**

- Ranked #2 for mental health access (Health Care Insider).

Among the various initiatives undertaken by Vermont's think tank to increase access to mental health care—outlined in the appendix—they have:

- Offered retention bonuses to community-based providers.
- Expanded training and credentialing access.

Source: <https://mentalhealth.vermont.gov>

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## **Proposed Measurable Outcomes**

### **Short-Term:**

- Increased clinician hiring
- Reduced average wait times
- Improved school-to-career pipeline development
- Resource mapping and coordination

### **Long-Term:**

- Lowered clinician-to-resident ratio
- Improved provider diversity and Medicaid accessibility
- Sustainable funding sources secured
- Reduced incarceration and crisis-related costs
- Improved health outcomes and national rankings
- Greater community wellbeing

## Appendix

St. Joseph's/Candler Community Health Needs Assessment. Based on question five (5) of the assessment, mental health was identified as one of the biggest gaps in healthcare services in Chatham County (55%). The second largest gap was doctors accepting new patients (48%), followed by the availability of providers offering care for free or at a reduced cost (46%).

[https://www.sjchs.org/docs/default-source/default-document-library/2022-chna.pdf?sfvrsn=434d62ee\\_2](https://www.sjchs.org/docs/default-source/default-document-library/2022-chna.pdf?sfvrsn=434d62ee_2)

We also examined best practices and successful models from other cities and states that have effectively addressed similar mental health access challenges. Below, we present our findings and a strategic proposal for improving mental health care access in Savannah-Chatham County.

### Best Practices and Evidence-Based Solutions

Despite the numerous mental health services provided in Chatham County, **outcomes remain below expectations**, and gaps in availability and service quality continue to impact residents. **Georgia as a whole ranks 2nd worst in the nation for access to mental health care, according to Forbes**, further compounding the challenges faced at the local level. However, our research has identified **Forsyth County, Georgia, as a standout exception—ranked 25th in the country for best communities for mental health and 33rd in overall health rankings. They also have lower rates of mental illness of 12% compared to the 17 % US average.**

Below are the key findings from our analysis.

### County-Level Model: Forsyth County, GA

In 2010, Forsyth County established the **Mental Health-Criminal Justice Task Force** to address the intersection of mental health issues and the criminal justice system. This initiative

brought together key stakeholders to develop a comprehensive strategy aimed at improving outcomes for individuals with severe and persistent mental illness (SPMI).

### **Key Aspects of the Task Force:**

#### **1. Formation and Leadership:**

- The Task Force was initiated by Chief Judge Jeffrey S. Bagley of the Forsyth County Superior Court.
- A Steering Committee, including court coordinators and representatives from the National Alliance on Mental Illness (NAMI), was established to guide the Task Force's efforts.

#### **2. Mission and Guiding Principles:**

- **Mission:** To promote ongoing communication between mental health and criminal justice systems, guiding the community in designing integrated care systems for individuals with significant mental disabilities, with or without chemical dependency.
- **Guiding Principles:** Emphasized understanding the complexity of mental health issues, fostering collaboration without assigning blame, and focusing on constructive, mutually beneficial changes across systems.

#### **3. Comprehensive Needs Assessment:**

- In partnership with the Criminal Justice Coordinating Council (CJCC), the Task Force conducted a needs assessment to evaluate interactions between individuals with SPMI and the criminal justice system.
- The assessment involved interviews with 29 stakeholders, surveys across key professions, and analysis of multiple data sets to identify gaps and areas for improvement.

#### **4. Development of the Mental Health C.A.R.E. Program:**

- Established as an alternative to incarceration, this program links individuals with SPMI to community-based treatment services, aiming to reduce recidivism and promote healthier lifestyles.
- The program involves a minimum 24-month commitment, combining treatment, education, regular drug and alcohol screening, supervision, community support, and judicial accountability.

#### **5. Training and Resources for Law Enforcement:**

- Implemented Crisis Intervention Training (CIT) and other mental health-specific training for patrol and jail officers to help identify mental illness and de-escalate situations.



- Developed coordinated response strategies with mobile crisis teams to provide officers with resources during calls involving mental health crises.

## **6. Enhanced 911 Call Center Protocols:**

- Reinstated specific event codes to track calls involving individuals exhibiting erratic behavior, potentially indicating mental illness.
- Introduced screening questions to identify persons with SPMI and established protocols to bridge calls with the Georgia Crisis and Access Line (GCAL).

## **Data Points and Outcomes:**

- **Prevalence in Jail Population:** Approximately 12% of inmates at the Forsyth County Detention Center (FCDC) were estimated to have severe and persistent mental illness.
- **Mental Health Services in Jail:**
  - An on-site psychiatrist provides medication management to an average of 15 inmates per month.
  - A Mental Health Therapist sees an average of 24 inmates per month.
- **Financial Impact:** The annual cost of mental health services in Georgia jails and prisons is approximately \$70 million, highlighting the economic significance of addressing mental health within the criminal justice system.

By fostering collaboration among the judiciary, law enforcement, mental health professionals, and community organizations, Forsyth County's Task Force developed a multifaceted approach to divert individuals with mental health issues from incarceration to appropriate treatment, thereby improving public safety and individual well-being.

**Additional County key initiatives and strategies have contributed to these impressive health outcomes, particularly in the realm of mental health care:**

## **1. Mental Health C.A.R.E. Program**

Forsyth County's Mental Health C.A.R.E. (Changing, Assisting, Restoring, and Enlightening) Program offers an alternative to incarceration for individuals with severe and persistent mental illnesses whose legal issues are related to their mental health conditions. This program links participants to essential mental health and substance abuse treatment services, aiming to reduce recidivism and promote healthier lifestyles.

## **2. Forsyth County Mental Health & Wellness Coalition**

Established to address the mental health needs of residents, this coalition focuses on community education, support for individuals seeking help, assistance for caregivers, and overall community protection. By fostering collaboration among various stakeholders, the coalition works to enhance mental health awareness and resources within the county.

## **3. The Connection Forsyth**

This organization provides a wellness-focused model for long-term recovery, supporting multiple pathways to mental health and substance abuse recovery. The Connection offers peer coaching, sober social events, and support for family members, emphasizing a holistic approach to wellness.

## **4. Community Education and Support Programs**

Forsyth County places a strong emphasis on community education and support, offering programs such as Mental Health First Aid training and support groups. These initiatives aim to equip residents with the knowledge and skills to address mental health issues effectively, fostering a community-wide culture of support and understanding.

## **5. Integration of Mental Health Services in Schools**

The Forsyth County School System actively incorporates mental health services, providing students with access to mental health professionals and resources. This proactive approach ensures early identification and intervention for mental health issues, promoting the well-being of students.

## **6. Comprehensive Health Rankings**

Forsyth County's commitment to health is reflected in its top rankings in various health categories, including mental health. The county's proactive initiatives have led to improved health outcomes, setting a benchmark for other counties aiming to enhance their health services.

## **City-Level Model: Denver, CO**

## City: Denver, Colorado’s Approach to Expanding the Mental Health Workforce

Denver, Colorado, has implemented a multi-faceted approach to address its mental health workforce shortage through strategic funding, workforce training programs, and targeted incentives. The Mental Health Workforce Accelerator Collaborative was launched to strengthen the pipeline of mental health professionals, particularly in nonprofit and public entities serving vulnerable populations.

### Key elements of Denver’s strategy include:

- **Mental Health Workforce Accelerator Collaborative:** Kaiser Permanente dedicated \$4.2 million in grants to support workforce development efforts.
- **Workforce Pipeline Expansion:** The program prioritizes helping students secure preceptorships and offers financial incentives to both students and community organizations willing to provide training.
- **Targeted Placements:** The initiative has already placed 33 participants in its first cohort, focusing on nonprofit and public mental health services.

### Behavioral Health Incentive Program

- Colorado established a \$9 million fund through SB21-137, supported by the federal American Rescue Plan Act, to encourage students in rural and low-income communities to pursue behavioral health careers.
- The program covers in-state tuition for eligible students enrolled in behavioral health programs at Colorado institutions.
- The Colorado Department of Higher Education approved \$5 million in grants to five universities to provide tuition support for select degrees and certificates.
- The state estimates the program will serve nearly 400 students in its first two years and run for four years.

### Budget Allocations for Mental Health Initiatives

In 2024, Denver citizens voted to implement a sales tax that funds grants for nonprofit mental health and drug treatment programs. Over the past six years, this initiative has raised \$170 million. The program is overseen by the nonprofit organization Caring for Denver, which manages the distribution of these funds. However, some of the programs funded by these grants have sparked controversy, as highlighted in the investigative series [Cash for Caring](#). This analysis will consider both the successes and challenges of this funding model.

## State-Level Model: Vermont ( Vermont is the top 2 state for access to mental health care)

Vermont’s “Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care” outlines a comprehensive strategy to enhance mental health services statewide. The plan was developed through extensive public input, including listening sessions and a “Think Tank” comprising individuals with lived experience, peer support specialists, providers, legislators, and other stakeholders.

**Mission:** to promote and improve the mental health of Vermonters.

**Vision:** Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn and participate fully in their communities.

**Key components of Vision 2030 include:**

- **Integration of Mental and Physical Health Care:** Promoting a holistic health care system that seamlessly incorporates mental health services.
- **Accessibility of Peer Services:** Ensuring peer support is available at all levels of care, recognizing the value of lived experiences in recovery.
- **Elimination of Stigma and Discrimination:** Implementing public education and awareness programs to foster understanding and reduce stigma associated with mental health issues.
- **Person-Led Service Delivery:** Empowering individuals to lead their care decisions, emphasizing personalized and respectful treatment approaches.
- **Formation of the Mental Health Integration Council:** Establishing a council to oversee and guide the integration of mental health services within the broader health care system.

In response to the COVID-19 pandemic, Vermont accelerated certain initiatives from Vision 2030 to improve access to mental health care:

- **Expansion of Telehealth Services:** Telehealth options were rapidly expanded and made fully reimbursable, allowing individuals to access mental health care remotely.
- **Support for Children’s Mental Health Services:** Efforts were made to ensure that children’s mental health services remained accessible, even when students were not physically present in school buildings.
- **Retention Bonuses:** Offered retention bonuses and other financial incentives to community mental health workers

These measures reflect Vermont’s commitment to creating an integrated, accessible, and person-centered mental health care system by 2030.

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## Stakeholder Conversations: Insights on Mental Health in Chatham County

We dedicated significant time to engaging in conversations and attending meetings to gain a deeper understanding of the current state of the mental health system in our community. These discussions provided valuable insights and helped shape the direction of our campaign. Below is a list of some of the individuals and groups we've spoken with throughout this process.

Through these conversations, a recurring theme emerged: the urgent need to expand and strengthen the local mental health workforce to meet growing demand and ensure equitable access to care.

Below are some of the key individuals and organizations we've spoken with during this process:

- Helen Stone, Former Chatham County Commissioner
- Commander Todd Freesman, Chatham County Detention Center
- Penny Haas Freesman, Former Mental Health Court Judge and Superior Court Judge
- Phylicia Anderson, Director of Child & Adolescent Services at Gateway Community Service Board; Chair, Regional Collaborative
- Tara Jennings, Chatham County Strategic Planner
- NAMI (National Alliance on Mental Illness)
- Coastal Georgia Indicators Coalition
- SCCPSS School Counselors
- Private Practice Psychologists
- Clinical Directors
- Mental Health Court Advocate
- Regional Community Collaborative
- Superintendent, Psychiatrist, Director of Social Work and Discharge Planning at Georgia Regional at Savannah (GRHS)

These conversations have been instrumental in identifying key workforce gap and opportunities for systemic improvement.

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

## Practical Guide for Expanding the Community-Based Behavioral Health Workforce

Our campaign reflects proven, evidence-based strategies outlined in Chapter 5 of the *Practical Guide for Expanding the Community-Based Behavioral Health Workforce* by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**—a federally authorized agency. The chapter, titled “*A Call to Action*,” emphasizes the urgent need for community leaders and policymakers to expand the behavioral health workforce by leveraging local assets, strengthening partnerships, using funding such as a opioid settlement and building sustainable community-based care systems. Our proposal aligns with these strategies by advocating for a coordinated task force that develops workforce pathways, and secures funding to recruit, train and retain professionals. These recommendations mirror SAMHSA’s call for data-informed solutions, stakeholder engagement, community-integrated care models, and targeted investments that improve access and equity—especially in underserved areas like Chatham County.

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