Georgia Behavioral Health Reform and Innovation Commission

2022 Annual Report

ACKNOWLEDGEMENTS

This report was prepared with support from Georgia State University's Georgia Health Policy Center and the Center of Excellence for Children's Behavioral Health.

Thank you to the Office of Health Strategy and Coordination, the commission's chair, and the subcommittee chairs for their work throughout the year and in preparation of this final report.

Behavioral Health Reform and Innovation Commission Leadership
Commissioner Kevin Tanner, Chair, Behavioral Health Reform and Innovation Commission
Dr. Brenda Fitzgerald, Subcommittee Chair, Hospital and Short-Term Care Facilities
Dr. Eric Lewkowiez, Subcommittee Chair, Children and Adolescent Behavioral Health
Chief Justice Michael Boggs, Subcommittee Chair, Mental Health Courts and Corrections
Judge Brian Amero, Subcommittee Chair, Involuntary Commitment
Rep. Mary Margaret Oliver, Subcommittee Chair, Workforce and System Development

Office of Health Strategy and Coordination
Grant Thomas, Director

2022 COMMISSION APPOINTEES, COMMISSION MEMBERS, AND SUBCOMMITTEE MEMBERS

Governor's Appointees	Lieutenant Governor's Appointees
Commissioner Kevin Tanner, Chairman Dr. Sarah Y. Vinson Dr. DeJuan White Dr. Michael R. Yochelson Jason Downey Dr. Karen Bailey Miriam Shook Nora Lott Haynes Dr. Mark C. Johnson	Sen. Brian Strickland Sen. Donzella James Sheriff Andy Hester Wayne Senfeld Dr. Brenda Fitzgerald Cindy Levi
Speaker of the House's Appointees	**Chief Justice's Appointees**
Rep. Don Hogan Rep. Mary Margaret Oliver Chief of Police Louis Dekmar Gwen Skinner Kim Jones Judge Brenda Weaver	Chief Justice Michael Boggs Judge Brian J. Amero Judge Sara S. Harris
Additional Commission Members and Subcommittee Members	
Sheriff Andy Hester Judge Kathleen Gosselin Stan Cooper Commissioner Timothy Ward Commissioner Michael Nail Judge Stephen Kelley Judge Bedelia Hargrove Dr. Karen Bailey Dr. Nicoleta Serban	Sallie Coke Dr. Eric Lewkowiez Dr. Garry McGiboney Commissioner Tyrone Oliver Dr. Lucky Jain Commissioner Candice Broce Donna Hyland Commissioner Caylee Noggle

Note: Subcommittee members for each subcommittee are identified in their respective subcommittee reports included in the appendices of this report.

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ABOUT THE BEHAVIORAL HEALTH REFORM AND INNOVATION COMMISSION

House Bill 514 in the 2019 legislative session created the Georgia Behavioral Health Reform and Innovation Commission (BHRIC). The commission was formed to conduct a comprehensive review of the behavioral health system of care in Georgia. In the 2022 session, the Georgia General Assembly passed House Bill 1013, the Georgia Mental Health Parity Act (MHPA), which was informed by the commission's first report. The act includes provisions for comprehensive behavioral health reform, specifically elements that align Georgia law with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and help monitor compliance with MHPAEA. The Georgia law also outlines new work for the commission and extends the commission's work for two additional years. BHRIC has 24 appointed members and is chaired by former state representative and current Department of Behavioral Health and Developmental Disabilities (DBHDD) Commissioner Kevin Tanner. The commission is currently due to expire on June 30, 2025.

As outlined in O.C.G.A. Section 37-1-111, BHRIC is responsible for reviewing several key areas: behavioral health services and facilities available in Georgia; identification of behavioral health issues facing children, adolescents, and adults; the role of the education system in the identification and treatment of behavioral health issues; the impact that behavioral health issues have on the court and correctional systems; legal and systemic barriers to treatment of mental illnesses; workforce shortages that impact the delivery of care; access to behavioral health services and supports and the role of payers in such access; the impact that untreated behavioral illness can have on children into adulthood; aftercare for persons exiting the criminal justice system; and the impact of behavioral health on the state's homeless population.

The commission has five subcommittees tasked with reviewing these focus areas:

1. Children and Adolescent Behavioral Health, chaired by Dr. Eric Lewkowiez (Short title: CABH)
2. Involuntary Commitment, chaired by Judge Brian Amero (Short Title: IC)
3. Hospital and Short-Term Care Facilities, chaired by Dr. Brenda Fitzgerald (Short title: HSCF)
4. Mental Health Courts and Corrections, chaired by Chief Justice Michael Boggs (Short title: MHCC)
5. Workforce and System Development, chaired by Rep. Mary Margaret Oliver (Short Title: WFSD)

The commission held public meetings in Atlanta at the Georgia State Capitol on June 9, 2022, and Nov. 16, 2022. Each subcommittee also held meetings separately and heard hours of testimony from subject matter experts, state executive agency representatives, major interest groups and advocates, and behavioral health professionals. Meeting recordings and materials are archived on the Georgia General Assembly's website. Each subcommittee independently drafted an appendix

to this annual report to provide further details and recommendations identified by its respective committee. This summary report compiles the findings and recommendations identified as most pressing for immediate action to reform Georgia's behavioral health system of care.

EXECUTIVE SUMMARY

The COVID-19 pandemic has highlighted the growing need for behavioral health services throughout the United States. Georgia is not immune to this increasing need and has faced barriers in building a comprehensive and coordinated system prepared to tackle these challenges. Additionally, the 2022 rollout of the 988 Suicide and Crisis Lifeline has increased awareness of and access to behavioral health crisis information throughout the country. These rapid changes in the behavioral health environment primed the landscape for accelerated growth and change in the behavioral health field. Georgia capitalized on this opportunity for change during the 2022 legislative session and throughout the remainder of the year via the continued work of the Behavioral Health Reform and Innovation Commission (BHRIC).

The commission created a road map for reform through its initial findings and recommendations summarized in its Year 1 report. Following the release of this report in early 2021, the Georgia Office of Health Strategy and Coordination partnered with Accenture, a global consulting firm, to find ways to operationalize the commission's recommendations through legislative, budget, and executive actions. The resulting Accenture report concluded that Georgia's system as a whole is often fragmented and organizations within it "act as a loose confederation rather than an intentionally designed mental health system that is coordinated and effective."[1] The authors noted, "Georgia needs a centralized mental health *system,* designed to serve its residents with appropriate care *when* and *where* they need it,"[2] emphasizing the need for a coordinated and comprehensive system.

As a result of the recommendations from both the commission's report and Accenture's report, the members of the Georgia General Assembly crafted the bipartisan Georgia Mental Health Parity Act (MHPA) under the sponsorship and leadership of the late speaker of the house, David Ralston. The act was passed during the 2022 legislative session and signed by Gov. Brian P. Kemp into law. This act paved the way for substantial behavioral health system reform in the state. The Mental Health Parity Act addresses several key areas needed for improved access to behavioral health services in Georgia, including enforcing and monitoring implementation of mental health parity, growing the behavioral health workforce, enhancing law enforcement awareness and response to mental health challenges, and building capacity to identify, prevent, and address mental health concerns. The act also creates a blueprint for future reform efforts, including creating clear systems for coordination, outlining studies to better understand current system barriers, and

[1] Accenture. (2021, December 2). *Mental Health Reform Action Plan.* Prepared by Accenture for the Georgia Governor's Office of Health Strategy and Coordination, page 27.
[2] Accenture, page 5

defining future work for the commission and other collaborating entities to pursue. For the commission specifically, the act indicates new members to be appointed to the commission, outlines topics for further exploration by its subcommittees, and extends its work until 2025.

Following the legislative session and passage of the Mental Health Parity Act, the full commission reconvened on June 9, 2022, to discuss next steps for its work. The subcommittees proceeded to convene monthly meetings with renewed goals and set out to create a refreshed set of recommendations to further behavioral health system reform in the state.

The commission's five subcommittees heard from numerous experts in the behavioral health field on topics spanning the full continuum of practices, services, and supports. Several themes arose across the subcommittees highlighting systemic challenges in certain aspects of the behavioral health system. Workforce shortages were discussed in nearly every meeting held, no matter the overarching topic for that meeting. It quickly became clear that decisive action is needed to address the growing workforce challenges throughout the state and that continued work needs to be done to address these challenges in the long run as well. The Workforce and System Development Subcommittee was critical in defining these challenges in building the behavioral health workforce and crafting recommendations to address these barriers.

Another overarching theme was the lack of capacity in the state's current behavioral health crisis continuum. As subcommittees heard about challenges for specific populations gaining access to crisis services, it was clear that it is not a single group, geography, or service issue, but a capacity issue throughout the system that must be addressed. The Hospital and Short-Term Care Facilities Subcommittee was instrumental in further defining the challenges in the current system and how they extend across aspects of the system. Again, immediate steps are needed to build capacity on multiple levels, and further study can supplement this work to better illustrate what the structure should look like in the long run to maintain a robust crisis continuum.

Subcommittees also heard about the challenges faced by specific populations experiencing unique access challenges and barriers to care. The Children and Adolescent Behavioral Health Subcommittee heard testimony on the capacity constraints in serving youth with co-occurring disorders including co-occurring mental health and substance use disorders and co-occurring mental health disorders and developmental disabilities, as well as challenges for specific populations such as immigrant and refugee families. The subcommittee also heard expert testimony on the importance of identifying behavioral health challenges early and the impact that early intervention can have in preventing future serious mental illness. This acknowledgement for early intervention was further bolstered by the state's move to extend postpartum Medicaid coverage to mothers for 12 months after the birth of their child. This was an acknowledgement of the importance of health care and behavioral health care for a child's caregiver and the role that plays in a young child's physical and social-emotional development. The commission commends the state for taking this action and for the positive impact it will have on the behavioral health of caregivers and their children.

The Involuntary Commitment Subcommittee continued its review of best practices in coordinating care for individuals involved in the criminal justice system who are also experiencing behavioral health challenges. They heard from the Criminal Justice Coordinating Council (CJCC), who undertook a study to better identify who makes up this population. The subcommittee and CJCC then collaborated to identify a path for a future study to better understand the full system and how these individuals interact with the criminal justice, civil, and behavioral health systems. The subcommittee also explored opportunities to divert individuals from criminal justice involvement, when appropriate, and explore best practices already underway in the state for supporting law enforcement and civil interactions with these individuals.

The Mental Health Courts and Corrections Subcommittee intently focused on the challenge of addressing the needs of individuals who have repeated interactions with the behavioral health system, homeless services, and the criminal justice system. These individuals have been termed "familiar faces." The subcommittee created a Familiar Faces Advisory Committee with the support of the Council of State Governments Justice Center. A study conducted on incarcerated people with mental illness in nine Georgia county jails found that individuals identified as familiar faces who also had a mental illness had more arrests and spent fewer days in the community than those without a mental illness.[3] The advisory committee crafted a series of recommendations that will have immediate impact on better serving this unique population. These recommendations focus on four key areas: bolstering capacity to identify familiar faces, improving community response, expanding access to community services and supports, and supporting knowledge sharing. In addition to the many identified solutions focused on improving the behavioral health and criminal justice systems, the subcommittee also crafted several recommendations that will support housing access for this population. These include expanding programs and funding for supportive housing and updating policies to promote access to housing. This combination of housing, behavioral health support, and criminal justice reform is needed to better support familiar faces.

This report is the product of the meetings held by the commission's five subcommittees and the expert testimony heard by its members. This report does not cover the depth and breadth of testimony heard across all five subcommittees, but instead aims to highlight the most pressing challenges identified. The full commission convened on Nov. 16, 2022, and each subcommittee reported its findings and recommendations. The chair and the preparers of this report then met separately with each subcommittee chair to further refine their priorities for inclusion in this report. This summary includes those priority recommendations and is followed by appendices for each subcommittee that provide more detail on their individual work. These appendices give further information on the depth of testimony heard and outline additional recommendations that subcommittee members have proposed.

[3] BHRIC Full Commission Meeting Packet. (2022). Familiar Faces Advisory Committee. Presentation Slide 5/Meeting Packet, page 9. Prepared by the Council of State Governments Justice Center.

The recommendations here are not grouped by subcommittee, but by overarching themes of the challenges and opportunities heard across the subcommittees. This approach further emphasizes the importance of building a collaborative and comprehensive system rather than a siloed approach to system reform. The recommendations are framed in actions that can be taken immediately by the state in order to improve Georgia's behavioral health system.

The compilation of priorities and action steps identified by the commission's five subcommittees resulted in the following priority areas for behavioral health reform:

- **Address the behavioral health workforce shortage** through a multipronged approach to ensure immediate solutions to current shortages and long-term solutions for a robust pipeline of behavioral health professionals.
- **Promote data collection and information sharing** to better understand, identify, and address system challenges.
- **Build a robust crisis system with a full continuum of services** to ensure Georgians experiencing a mental health crisis can receive timely services in the least restrictive setting for the crisis they are experiencing.
- **Build capacity within Medicaid** to provide a full continuum of behavioral health services and supports.
- **Expand successful community-based practices, services, and programs** so that more Georgians have access to supports proven effective for people with behavioral health needs.
- **Study practices, services, and programs that need improvement**, acknowledging that there is still much work to be done to improve the state's systems and further study is needed to identify the best solutions for Georgia's system.
- **Streamline existing policies and statutes** to ensure Georgia laws promote best practices in working with people with behavioral health conditions.

Supporting documentation for each of these recommendations can be found in the repository of meeting recordings, presentations, and agendas on the commission's page on the Georgia General Assembly's website. Additionally, each subcommittee has provided additional information about their subcommittee's activities in 2022, the recommendations they have proposed, and supporting documents for those recommendations, which are documented in the appendices to this annual report. Each subcommittee may have additional recommendations beyond the ones included here. The recommendations compiled here are considered the most pressing and most actionable to address behavioral health system reform in the next year.

RECOMMENDATIONS FOR BEHAVIORAL HEALTH REFORM AND INNOVATION

The following recommendations were crafted from the testimony heard across the five subcommittees of the Behavioral Health Reform and Innovation Commission. All recommendations are endorsed by the full commission. The recommendations are grouped by target areas for systems improvement. A brief description of the target area is provided, followed by the recommendations addressing that topic. For each recommendation, a brief description of the recommendation is provided first, followed by information on the challenge it is addressing and relevant supporting testimony. Then, the full detailed recommendation of the commission is provided followed by a note on the subcommittees that heard testimony on the topic and a diagram outlining which subcommittees crafted a supporting recommendation that informed the commission's recommendation. These tables reference the subcommittees' recommendation numbering as outlined in their appendix reports.

Address the Behavioral Health Workforce Shortage

In nearly every subcommittee meeting across all five subcommittees, testimony was heard on the extreme challenge of workforce shortages among all levels of behavioral health practitioners in the state. Addressing workforce shortages in any field requires a multipronged approach including retaining and maintaining the currently trained workforce in the field, creating an environment that encourages practitioners to come to and stay in the state, and building a robust pipeline for the future workforce across practitioner types. All levels of the workforce are important from peer support specialists and service navigators to psychiatrists and psychologists. Workforce shortages are also multifaceted and may impact various practitioner types, geographic regions, and payer statuses differently. These unique challenges require additional studies to ensure the proposed solutions are appropriately tailored to the shortage challenge.

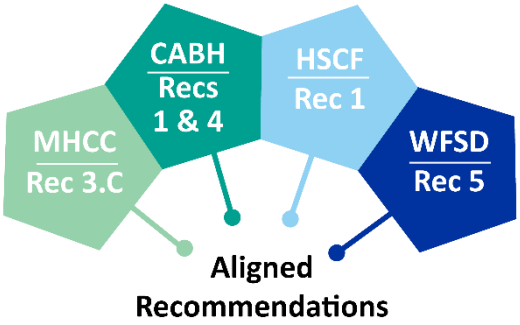
The following recommendations were crafted to address both the immediate crisis of these shortages and to build a long-term pipeline with adequate capacity for Georgia's growing and diverse population.

1. Increase Medicaid reimbursement rates for the behavioral health workforce.
Paying behavioral health practitioners fair rates encourages those trained in the field to remain in the field. The Accenture report noted that Georgia has some of the lowest reimbursement rates in the country and the Georgia Mental Health Parity Act called on the Department of Community Health (DCH) to conduct a study of Medicaid reimbursement rates in Georgia compared with reimbursement rates in other states. The DCH study is set to be completed by Dec. 31, 2022, and it is anticipated that it will show similar findings to those of the Accenture report. The subcommittees also heard testimony about a Virginia Medicaid initiative where their state was successful in increasing the number of behavioral health practitioners working in the field after increasing reimbursement rates. This experience suggests that the state had available trained

practitioners who opted out of providing services due to low reimbursement rates. This finding presents an immediate opportunity for action to improve the workforce shortage in Georgia by increasing Medicaid reimbursement rates for behavioral health practitioners.

The commission recommends that the state increase reimbursement rates in line with the findings of the forthcoming DCH study. The commission further recommends that additional emphasis should be given to ensuring that rates are sufficient for services that support specific populations with unique behavioral health needs, including children experiencing mental health and substance use disorders, children with autism and behavioral health challenges, and children and adults involved with both the behavioral health and criminal justice systems.

Supporting testimony was heard by the Workforce and System Development, Hospital and Short-Term Care Facilities, Children and Adolescent Behavioral Health, Involuntary Commitment, and Mental Health Courts and Corrections subcommittees. This recommendation is endorsed by the full commission and was informed by corresponding recommendations from the noted subcommittees. For more details on the subcommittees' aligned recommendations, please see their respective appendices.



2. Modernize licensing practices across all levels of the behavioral health workforce.
Modernizing and streamlining the licensing system addresses the workforce shortage by ensuring that the new and existing workforce can get or maintain their license to practice in the state without facing delays or overly burdensome requirements. Testimony was heard by the Workforce and System Development Subcommittee and others that indicated Georgia's licensing processes are out-of-date and not comparable to those in surrounding states. Review, modernization, and improvement of Georgia's licensing practices must also recognize the particular need for service providers at all levels that demonstrate cultural competence and have the ability to speak multiple languages. Other states have created special initiatives and leadership positions to address the increasing percentage of residents who may not speak English and have unique cultural histories. Revising these practices can help ensure those qualified to practice in Georgia are able to maintain the appropriate licensure level to provide services in the state and meet the diverse needs of Georgia's residents.

The commission recommends the state modernize its licensing practices by (1) reviewing and updating its systems and processes used by licensing boards to receive and review license applications and renewals, (2) creating a pathway for foreign-trained practitioners to gain licensure in Georgia, and (3) reviewing and updating practicum and supervision requirements for licensure to more closely align with requirements in surrounding states.

Supporting testimony was heard by the Workforce and System Development, Hospital and Short-Term Care Facilities, and Children and Adolescent Behavioral Health subcommittees. This recommendation is endorsed by the full commission and was informed by corresponding recommendations from the noted subcommittees. For more details on the subcommittees' aligned recommendations, please see their respective appendices.

Aligned Recommendations

3. **Establish a new loan forgiveness and loan repayment program for mental health professionals. This new program would be in addition to the service cancelable loan program established in the Georgia Mental Health Parity Act.**

The Georgia Mental Health Parity Act called for the creation of a service cancelable loan program for students enrolled in any degree program for mental health and substance use professionals, which would be administered by the Georgia Student Finance Commission. This program creates an incentive for students to enter degree programs to become mental health and substance use professionals by awarding loans to students that can later be repaid through service once they are licensed and practicing in the field. The commission and the Georgia Office of Health Strategy and Coordination reviewed other states' programs and related workforce data and believe it would be worthwhile for Georgia to incentivize its current workforce to practice in mental health professional shortage areas through a loan repayment assistance program for individuals who are no longer students but are actively practicing in the workforce as licensed mental health or substance use professionals. This would be a new program separate from the service cancelable loan program established by the Georgia Mental Health Parity Act.

Participants in the loan forgiveness program would receive loan repayment assistance that is conditioned on five consecutive years of service in a facility with a Health Professional Shortage Area (HPSA) designation that serves the Medicaid and PeachCare for Kids population. This loan repayment program would be administered of the Georgia Board of Healthcare Workforce. This new language would need to be added through new legislation and is necessary to ensure that such loan assistance can be offered to licensed professionals in addition to the service cancelable loan program available to eligible students. By including both new and existing practitioners, these programs can help maintain the current workforce while also building the pipeline for the future workforce.

The commission recommends that the state incentivize its current workforce through a loan repayment assistance program for individuals who are no longer students but are actively practicing in the workforce as licensed mental health or substance use professionals. Participants in the program would receive loan repayment assistance that is conditioned on five consecutive years of service in a facility with a Health Professional Shortage Area

Aligned Recommendations

designation and that serves the Medicaid and PeachCare for Kids populations.

Supporting testimony was heard by the Workforce and System Development Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

4. Increase psychiatric residency programs within the state.

Increasing the number of residency programs in the state is a long-term solution to ensuring a flow of psychiatrists in the state. Data show that psychiatrists are more likely to serve in the state where their residency training is located. Georgia currently has fewer residency programs than most of our southeastern neighbors. Increasing the number of residency programs in the state would be a long-term solution to drawing more psychiatrists-in-training to the state and boosts the likelihood that they will continue practicing in Georgia.

The commission recommends exploring pathways to increase psychiatric residency programs in the state and funding pathways that prove promising.

Supporting testimony was heard by the Workforce and System Development Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

Aligned Recommendations

5. Strengthen Georgia's peer support workforce.

The peer support professional is an essential behavioral health practitioner within the system of care. Peer support specialists bring their lived experience overcoming varying behavioral health challenges paired with training to support individuals currently navigating their mental health or substance use disorder. Subcommittees heard testimony supporting the continued use of the peer support workforce to bolster the behavioral health system and the need to expand opportunities for this workforce.

The commission recommends identifying peer support specialists to participate on the commission's subcommittees and to undergo development of a comprehensive, multiyear plan to further expand the number of peer support specialists in the state. This plan should include opportunities to expand training and employment pathways for all levels of peer support specialists including forensic, addictive disease, youth, and parent specialists.

Aligned Recommendations

Supporting testimony was heard by the Mental Health Courts and Corrections Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

6. **Implement strong network adequacy standards to ensure access to the existing behavioral health workforce.**

Network adequacy means that health coverage plans have enough in-network providers and include benefits to meet the medical needs of their consumers. A critical parity measure on sufficient network adequacy is the frequency with which plan members must go out of network for behavioral health care as compared to medical or surgical care. Testimony was heard that Georgia's children are forced to go out of network for behavioral health care 10 times more often than for medical or surgical care and Georgia's adults are forced to go out of network four times more often. Addressing network adequacy challenges ensures consumers of behavioral health services can identify an available behavioral health practitioner and use their health coverage to receive services.

The commission recommends that the state craft and implement strong network adequacy standards, including enforcement and transparency measures on implementation, to ensure consumers can access quality and affordable care and make use of the existing behavioral health care workforce in the state.

Aligned Recommendations

Supporting testimony was heard by the Hospital and Short-Term Care Facilities Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

7. **Expand DBHDD's current behavioral health rate study to include rate studies of the public behavioral health care workforce at DBHDD hospitals and community service boards.**

Understanding gaps and challenges among the existing behavioral health workforce will allow for targeted solutions to address shortages impacting Georgians most in need of behavioral health care. Studying salaries of the public behavioral health workforce, including DBHDD providers, state hospitals, and the community service board workforce, will help the state better understand recruitment and retention challenges among these professionals.

Aligned Recommendations

The commission recommends that DBHDD conduct a study of the public behavioral health workforce to include a review of salaries, vacancy rates, and a comparison to private practice salaries and salaries in Georgia's neighboring states.

Supporting testimony was heard by the Workforce and System Development Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

Promote Data Collection and Information Sharing

Fully understanding the data underlying the behavioral health system is necessary to identify systemic challenges, craft targeted solutions, and measure performance across the system. Accurate data collection and streamlined information sharing also allow for progress on key performance metrics to be tracked so that the state can understand where it has improved system functioning and where additional work is needed. This level of information sharing requires cross-agency collaboration among those serving persons with behavioral health challenges. This baseline understanding of system functioning will allow the state to better target future reform efforts and streamline supports for individuals with the highest need. Each of the subcommittees heard testimony detailing the challenges in reforming the behavioral health system due to a lack of information about who is accessing the system with the highest utilization, what entry points are most common or overused, and where there are gaps in the system leading to overutilization of high-cost and overly restrictive care environments for the individual's needs. Information sharing across state entities can help answer these questions and help state leaders craft better solutions to support those individuals most in need of behavioral health care.

8. **Build data sharing capacity through the Georgia Data Analytics Center and by establishing a uniform process for data sharing across state government.**

Several states have recognized the important role data can play in enhancing delivery of services and improving overall efficiencies by establishing frameworks for an overarching system and policies for data sharing between agencies and "interagency data sharing" — any exchange of data between or among two or more state agencies. The legal framework of information sharing is an important piece of responsible data sharing that sometimes translates into barriers, but other states have had success in balancing privacy laws and optimizing data exchanges, effecting a cultural shift in attitudes around interagency data sharing. In Georgia, there is no uniform statewide process or system by which interagency data sharing occurs, nor is there a statewide protocol for agencies to submit requests for data from one agency to another agency or coordinating entity. However, the Georgia Data Analytic Center (GDAC), created by HB 197 in 2019, has established an integrated data system with the authority to seek out data from state agencies to further research and inform policy decisions to support the health, safety, and security of Georgia citizens. There was legislation introduced by Sen. Blake Tillery in 2022, SB 374, that would have removed some barriers to data sharing by making GDAC an agent of all executive state agencies for sharing government information and an authorized receiver of government

information. The commission recommends revisiting SB 374 this session and also adding enhancements to the original SB 347 language that serve to further empower GDAC by designating it as the entity responsible for facilitating and overseeing data sharing between state agencies and the central data repository for the state from which data can be released to requesting agencies.

There are additional policy and legislative changes that are also recommended for optimizing data sharing in Georgia. These include coordinating the development and use of a statewide data use agreement or an enterprise memorandum of understanding for use by all agencies (the development of such agreements in other states has served to standardize data sharing practices, encourage interagency data sharing to improve state services, and create a cultural shift in attitudes around data sharing). Additionally, the commission recommends including language in any data sharing legislation that would institute a presumption of data sharing across all state agencies that would effectively override any state law provision to the contrary and establish a review process for determining whether federal law prohibits data sharing.

The commission recommends revisiting SB 374 this session with enhancements that serve to further empower GDAC by designating it as the entity responsible for facilitating and overseeing data sharing between state agencies and the central data repository for the state from which data can be released to requesting agencies. The commission further recommends including other policy changes in legislation that would further optimize data sharing in Georgia.

Aligned Recommendations

Supporting testimony was heard by the Workforce and System Development, Children and Adolescent Behavioral Health, and Hospital and Short-Term Care Facilities subcommittees. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see their respective appendix.

9. **Fund the Criminal Justice Coordinating Council in order for the council to conduct a systems analysis of interactions with the behavioral health and criminal justice systems to better understand how the current systems function and inform data-driven solutions for system improvement.**

The Criminal Justice Coordinating Council's (CJCC's) Statistical Analysis Center is the federally recognized Bureau of Justice Statistics state statistical coordinating entity. The Statistical Analysis Center conducts independent research and evaluation to help the state make data-driven policy decisions about criminal justice and victim services issues. The CJCC's Statistical Analysis Center proposes completing a study to better understand the underlying data of the criminal justice and behavioral health systems in the state to explore how individuals engage with both systems, where service utilization occurs, and how the system can be improved.

The commission recommends funding the Criminal Justice Coordinating Council's effort to conduct the proposed systems analysis study to better understand the interactions between the criminal justice and behavioral health systems.

Aligned Recommendations

Supporting testimony was heard by the Mental Health Courts and Corrections and Involuntary Commitment subcommittees. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see their respective appendix.

10. Develop capacity to identify familiar faces by crafting state-level guidance to standardize and streamline information sharing.

Familiar faces are individuals who have repeated interactions with behavioral health and homelessness services and the criminal justice system. Capacity to better identify these individuals and gather accurate information about their circumstances helps local jurisdictions better allocate resources and supports to serve these individuals. The Familiar Faces Advisory Council identified this as a gap in many areas of the state and noted that state-level guidance for information sharing and supports for implementing validated behavioral health screening in jails would bolster capacity for local partners to identify and support familiar faces. Additionally, increasing housing access and availability for familiar faces is an important component of the supports needed in the state. Options identified by the Familiar Faces Advisory Council include designated housing set-asides, incentives for landlords and supportive housing developments, and removing barriers to housing.

The commission recommends that the state develop guidance to standardize and streamline information sharing that local system partners can opt to implement. The commission further recommends that pilot funding is provided to help implement validated data collection tools including housing stability and behavioral health screenings in jails.

Aligned Recommendations

Supporting testimony was heard by the Mental Health Courts and Corrections and Involuntary Commitment subcommittees. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see their respective appendix.

Build a Robust Crisis System With a Full Continuum of Services

The Substance Abuse and Mental Health Services Administration defines the core elements of a crisis system as including (1) a regional crisis call center, (2) crisis mobile team response, and (3)

crisis receiving and stabilization facilities.[4] These services have been called "someone to talk to, someone to respond, and a safe place to go," and they make up a no-wrong-door integrated crisis system. Fully building and funding these core elements can help direct persons experiencing a behavioral health crisis to the appropriate level of care and divert people from high-cost inpatient services when another level of care is appropriate.

There is an identified need for immediate action in building Georgia's crisis services system. The Hospital and Short-Term Care Facilities Subcommittee heard from a coalition of Atlanta hospitals indicating there was a need for an additional 150 inpatient beds in the Atlanta region alone in summer 2022, before the closure of Atlanta Medical Center. The number of beds needed in this region is just one example of the capacity needed for hospitals throughout Georgia. Inpatient capacity by itself will not address the challenges identified by the subcommittees. Capacity building is needed throughout the continuum of crisis services to ensure persons experiencing a behavioral health crisis can be seen in the least restrictive environment that is appropriate for the crisis they are experiencing. Building a full and robust crisis system can relieve capacity issues on inpatient beds, decrease wait times for placement to services, and streamline care connections while keeping individuals in the community when that is the most appropriate setting for them.

The subcommittees heard testimony on overburdened inpatient services, long wait times for placement, and challenging processes for accessing behavioral health beds. While testimony focused on the highest-acuity services, building the system's full continuum will help relieve these stress points on the system in addition to adding capacity for high-acuity services. Overall, there was an identified need for immediate action in capacity building paired with further study to ensure Georgia's long-term system reflects the needs of the state.

11. Fund additional behavioral health crisis services to increase capacity of Georgia's crisis continuum of care.

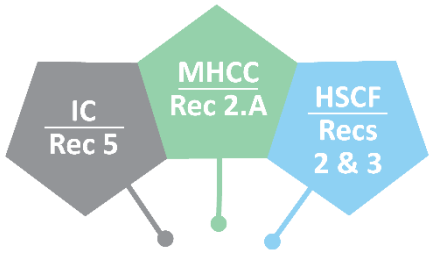
Subcommittees heard testimony clearly indicating that the capacity for services and supports for persons experiencing behavioral health crises is not sufficient for the need across the state. There is a clear need for immediate capacity building of crisis services across the continuum, including call center capacity, mobile crisis response, receiving and stabilization facilities, and residential and inpatient services. Georgia can utilize the gap analysis already completed by DCH in preparation for submitting the Medicaid Institutions for Mental Diseases (IMD) waiver application to inform where infrastructure needs currently exist and where funding can be directed. The submission of the IMD waiver (see recommendation 13) would improve the state's capacity to pay for some of the higher-acuity crisis services with Medicaid funds, further supporting system capacity.

The commission recommends funding the expansion of behavioral health crisis services in the state. Funding should include dollars for additional inpatient psychiatric beds, crisis receiving and

[4] SAMHSA. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.

stabilization facilities, and coordinators to collaborate between criminal justice and behavioral health services. Attention should also be given to funding services for subpopulations with unique needs such as co-occurring mental health and substance use conditions, co-occurring behavioral health and developmental disabilities, child and adolescent populations, and persons with criminal justice involvement.

Supporting testimony was heard by the Workforce and System Development, Hospital and Short-Term Care Facilities, Children and Adolescent Behavioral Health, Involuntary Commitment, and Mental Health Courts and Corrections subcommittees. This recommendation is endorsed by the full commission and was informed by corresponding recommendations from the noted subcommittees. For more details on the subcommittees' aligned recommendations, please see their respective appendices.

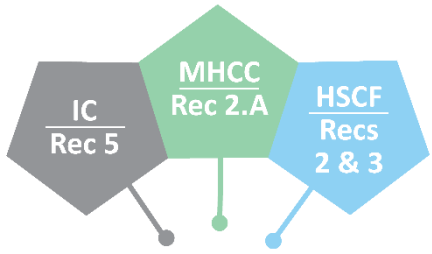


Aligned Recommendations

12. Study and develop a methodology to determine the number and type of services needed to maintain a robust crisis continuum of care throughout the state.

Subcommittees heard testimony clearly indicating that the capacity for services and supports for persons experiencing behavioral health crises is not sufficient for the need across the state. While there is a clear need for more capacity within the system, more research needs to be done to understand exactly how many facilities, beds, and supports are needed and at what level of acuity to match the need. Increasing inpatient beds will solve only a piece of the challenges identified. The DCH gap analysis completed for the submission of the IMD waiver can inform the starting point for the studies and help identify areas that need further research. Building a full array of crisis services with varying levels of care and stabilization modalities will be needed to ensure that people in crisis are receiving the most appropriate care at the least restrictive level appropriate for their need.

The commission recommends a study be conducted about building the crisis continuum in Georgia to include development of a methodology to determine how many services and supports are needed, including the number of beds for varying acuity levels such as crisis stabilization and inpatient beds. Particular attention should be given to capacity for subpopulations with unique needs such as co-occurring mental health and substance use conditions, co-occurring behavioral health and developmental disabilities, child and adolescent populations, and persons with criminal justice involvement.



Aligned Recommendations

Supporting testimony was heard by the Workforce and System Development, Hospital and Short-Term Care Facilities, Children and Adolescent Behavioral Health, Involuntary Commitment, and Mental Health Courts and

Corrections subcommittees. This recommendation is endorsed by the full commission and was informed by corresponding recommendations from the noted subcommittees. For more details on the subcommittees' aligned recommendations, please see their respective appendices.

Build Capacity Within Medicaid to Cover a Full Continuum of Behavioral Health Services and Supports

Medicaid provides health care coverage for over 2.7 million Georgians and is an important avenue to behavioral health care for many of them. Medicaid allows flexibilities in crafting their service continuum through waivers, state plan amendments, or requirements prescribed through contracts that the state executes with Medicaid managed care organizations to ensure the full continuum of behavioral health services and supports is available to Georgians with Medicaid coverage.

13. Call on DCH to submit the IMD waiver as directed by SB 610 in order to build out needed infrastructure for behavioral health services in the state and to support coverage of inpatient behavioral health services.

The IMD exclusion prohibits states from claiming Federal Financial Participation (FFP) for individuals under the age of 65 who are patients in IMDs, with only a few exceptions to this rule. In turn, this exclusion has left states with limited pathways to pay for these services. As of 2019, 26 states have received approval for IMD waivers for substance use disorder services, and states are also exploring IMD waivers for mental health services. In the 2022 legislative session, the Georgia General Assembly passed Senate Bill 610, which called on DCH to submit an IMD waiver for both mental health and substance use disorder treatment. This waiver will also assist in achieving the commission's recommendations to fund additional behavioral health crisis services (recommendation 11) and to expand the crisis continuum of care (recommendation 12). The commission supports this action and calls on DCH to submit this waiver to the Centers for Medicare & Medicaid Services (CMS) as directed under state law.

The commission recommends that DCH follow the directive prescribed to the agency in SB 610 and submit an IMD waiver to CMS to allow for IMDs to qualify for Medicaid reimbursement for mental health and substance use disorder treatment.

Aligned Recommendations

Supporting testimony was heard by the Hospital and Short-Term Care Facilities Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

14. Establish a plan for Medicaid to allow a portion of funding to be used to address social determinants of health.

States continue to acknowledge the important role our surrounding environments play in impacting our health. Social determinants of health (SDOH) are the factors influencing individuals' health including where people live, work, and play. Addressing these factors can improve health in the long run and have the potential to decrease future health care costs if done early.

The commission recommends that Medicaid pursue a plan to allow for funding to be used to address social determinants of health. Other states have been successful in these plans by using contracting requirements with their care management organizations in which they have incorporated language and provisions in their contracts about social determinants of health. These may include requiring interventions for members at risk, establishing minimum touchpoints, or mandating care coordination for high-needs diagnoses or conditions. DCH should consider and pursue these avenues to allow for supports to be provided that address the social determinants of health for plan members.

Aligned Recommendations

Supporting testimony was heard by the Children and Adolescent Behavioral Health Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

Expand Successful Community-Based Programs, Practices, and Services

Subcommittees heard from service providers and state executive agencies responsible for delivery of behavioral health services throughout the state. Many of the subcommittees identified specific programs that have clear evidence of supporting practices, programs, and services within the behavioral health system of care. These programs often reach only small geographic regions of the state and would benefit from additional funds to expand their reach to more areas.

15. Expand successful programs and services for children and adolescents.

The Children and Adolescent Behavioral Health Subcommittee identified programs that are successful in promoting optimal youth behavioral health outcomes. These programs should be expanded to increase their reach throughout the state.

The commission recommends the expansion of the following services aimed at improving behavioral health outcomes for children and adolescents:

a. Youth Substance Abuse Intensive Outpatient Program: This approach to treatment provides services for adolescents 13-17 years old who require structure and support to achieve and sustain recovery while focusing on early recovery skills using a multidisciplinary team and medical, therapeutic, and recovery supports that can be

delivered during the day or evening hours to enable youth to maintain residence in their community and continue to work or attend school. The treatment is based on an individualized treatment plan that utilizes evidence-based practices.

b. Youth Substance Abuse Clubhouse Program: The clubhouse programs are a continued care program for adolescents recovering from substance use issues where they are engaged with their families in recovery. The average length of participation is seven months.

c. Child-Parent Psychotherapy for young children and their caregivers: When a young child experiences trauma, it can have a lasting impact on their development. Child-Parent Psychotherapy (CPP) is an evidence-based treatment aimed at supporting young children experiencing trauma and improving the child-caregiver relationship. The Georgia Association for Infant Mental Health (GA-AIMH) provides support for the training of clinicians across the state in CPP.

Aligned Recommendations

Supporting testimony was heard by the Children and Adolescent Behavioral Health Subcommittee. This recommendation is endorsed by the full commission and was informed by the corresponding recommendation from the noted subcommittee. For more details on the subcommittee's aligned recommendation, please see its respective appendix.

16. Expand successful coordination practices between the criminal justice and behavioral health systems.

The Involuntary Commitment Subcommittee and Mental Health Courts and Corrections subcommittees identified programs that are successful in coordinating services for persons involved with both the criminal justice and behavioral health systems. These programs should be expanded to increase their reach throughout the state.

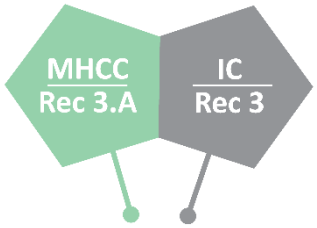
The commission recommends the expansion of the following models aimed at better coordinating care for individuals involved with both the criminal justice and behavioral health systems:

a. Opening Doors to Recovery (ODR) — Expand use of the ODR model statewide. The ODR model uses community navigation specialists to reduce institutional recidivism and promote recovery. Recovery is promoted through connections to treatment, housing, and client supports to develop a meaningful day. The model also uses supported linkages between law enforcement and community navigation specialists to connect individuals to services.[5]

[5] More details on the ODR model and evidence supporting its efficacy can be found in the Nov. 16, 2022, BHRIC Commission Meeting packet, pages 222-283.

b. Jail In-reach Services — Expanded services to include building local capacity with competitive funding and technical assistance for counties to create or expand collaborative jail in-reach and reentry programs, and to increase funding for SSI/SSDI Outreach, Access, and Recovery (SOAR) case managers pilot programs in jails.

Supporting testimony was heard by the Involuntary Commitment and Mental Health Courts and Corrections subcommittees. This recommendation is endorsed by the full commission and was informed by corresponding recommendations from the noted subcommittees. For more details on the subcommittees' aligned recommendations, please see their respective appendices.



Aligned Recommendations

Study Programs, Practices, and Services That Need Improvement

Subcommittees noted areas where additional study will help the commission identify appropriate solutions to address ongoing challenges within the behavioral health system. The following studies are recommended to be undertaken by the commission in the coming year.

17. **Study the benefits and limitations of the Certified Community Behavioral Health Center model to better understand how the model will improve access to services in the state, what gaps may still exist after these centers are implemented, how these centers can promote coordination of care, and what is needed to sustain the models after federal funding ends.**
18. **Empower a task force within BHRIC to study competency evaluation and restoration services in Georgia and identify promising practices for reducing wait times for competency evaluations and document successful diversion "off-ramps" to limit criminal justice involvement when appropriate.**
19. **Study how to sustain the Georgia Pediatric Psychiatry Consultation and Access Program (GaPPCAP), the Georgia Mental Health Access in Pediatrics (GMAP) Project, and similar adult models of these programs that provide training for primary care professionals in identifying and treating mild to moderate behavioral health conditions in children and adults in primary care practices or school-based health programs.**
20. **Study the co-location of physical health and behavioral health services to better understand the feasibility of this model and barriers to co-location and to identify successful models that can be expanded.**
21. **Study and develop a strategy that outlines how to build capacity for a case management workforce that will effectively provide care coordination in partnership with care management organizations.**

Streamline Existing Statutes and Policies

Subcommittees also identified specific statutes and policies that need refining to support system reform. The commission recommends the following changes be made to the noted statutes and policies.

22. Refine policies impacting access to services for children and adolescents.

a. Revise DCH and DBHDD policy and work with the Department of Juvenile Justice (DJJ) on referral practices to ensure DJJ can successfully make referrals to Psychiatric Residential Treatment Facilities and crisis stabilization units.

b. Use federal CMS guidance to expand Medicaid coverage for youth in DJJ custody from ages 18 to 21.

c. Require DCH to reimburse for CPT code 90791, psychological diagnostic assessment.

d. Review and remove unnecessary restrictions on which practitioner levels are allowed to make a diagnosis for autism spectrum disorder.

e. Create an executive leadership position (i.e., assistant commissioner) at DBHDD that focuses on child and adolescent mental health and substance abuse.

f. Require DCH to change any rules and regulations necessary to include psychiatric hospitals as an eligible facility type for providing inpatient psychiatric facility services for persons under the age of 21 years enrolled in fee-for-service Medicaid.

g. Require DCH to reimburse for licensed professional counselors (LPCs) at Federally Qualified Health Centers (FQHCs).

h. Recommend that DCH add additional prescriptive language within the Georgia Families 360 contract, which governs the Medicaid managed care program for children in foster care, requiring the care management organization to coordinate with the Georgia Division of Family and Children Services (DFCS) and designating DFCS as a co-owner of the Georgia Families 360 contract.

23. Refine policies and practices impacting services for persons involved in the criminal justice and behavioral health systems.

a. Revise language within the Assisted Outpatient Treatment grant program outlined in the Georgia Mental Health Parity Act to eliminate additional criteria above and beyond criteria already established in Georgia statute.[6]

[6] Proposed revisions can be found in the Nov. 16, 2022, BHRIC Commission Meeting packet, pages 127-129.

b. Revise O.C.G.A. 17-7-130(c) to permit superior courts to exercise discretion to determine whether to transfer a violent offender to the department for inpatient restoration services or to outpatient restoration services.[7]

[7] Proposed revisions can be found in the Nov. 16, 2022, BHRIC Commission Meeting packet, pages 138-140.