



# Governor's Office of Health Strategy and Coordination

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## *Behavioral Health Reform Update*

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# Creation of OHSC

- The Office of Health Strategy and Coordination (OHSC) was established after passage of House Bill 186 (2019 Session)
- OHSC operates as a division of the Governor's Office of Planning and Budget
- Governor Kemp appointed a Director in June 2021 and OHSC now consists of four full time staff.

## **Mission:**

to break down the silos between government agencies, health care providers, and health care consumers and to promote health care policies that increase access and quality.

## **Statutory Powers and Duties:**

*“Strengthen and support the health care infrastructure of the state through interconnecting health functions and sharing resources across multiple state agencies and overcoming barriers to the coordination of health functions.”*

*“Facilitate collaboration and coordination between state agencies, coordinating state health functions and programs, serving as a forum for identifying Georgia’s specific health issues of greatest concern, and promoting cooperation from both public and private agencies to test new and innovative ideas.”*



# Mental Health Parity Act (HB 1013)

- **HB 1013 / "The Mental Health Parity Act" of 2022** is a historic piece of legislation that represents a bipartisan effort to overhaul current behavioral and mental health processes in the State of Georgia and create alignment with federal mental health parity laws.
- HB 1013 codifies the recommendations from the Behavioral Health Reform and Innovation Commission's (BHRIC) First Year Report.
- **BHRIC Background**
  - Created by HB 514 (2019 Session)
  - Chaired by DBHDD Commissioner-elect Kevin Tanner, former State House Representative from House District 9
  - The commission is responsible for reviewing several key areas of behavioral health, represented by subcommittees.



# Mental Health Parity Act (HB 1013)

- **Legislation contains six parts:**
  - Part I: Mental Health Parity Provisions
  - Part II: Workforce and System Development
  - Part III: Involuntary Commitment
  - Part IV: Mental Health Courts and Corrections
  - Part V: Child and Adolescent Behavioral Health
  - Part VI: Additional Miscellaneous
    - DCH Medicaid Reimbursement Study
    - Georgia Data Analytic Center
    - Extension of the Behavioral Health Reform and Innovation Commission



# Mental Health Parity Act (HB 1013), Part I: Parity Provisions and Reporting

- Requires every health insurer, both private and public, to provide coverage for mental health and substance use disorders for children, adolescents, and adults in accordance with the federal Mental Health Parity and Addiction Equity Act of 2008, and submit annual reports on such efforts.

## **Office of Insurance and Safety Fire Commissioner (OCI)**

- Conduct annual data call of private insurers focusing on the use of nonquantitative treatment limitations (NQL)
- Beginning January 15, 2024, and no later than January 15 annually thereafter, the Insurance Commissioner must submit a report to the administrator of the Georgia Data Analytic Center and the General Assembly with information regarding the previous year's complaints and all elements contained in the repository.
- Moves the Patient's Right to Independent Review program from DCH to the Department of Insurance.



# Mental Health Parity Act (HB 1013), Part 1 continued

## Department of Community Health (DCH)

- State Health Plan Compliance
  - Increases reporting and enforcement responsibilities on DCH to ensure plans are in compliance with federal laws.
  - Requires reporting of such coverage requirements and how the State Health Plan meets such requirements be completed by January 1, 2023, with reports published online by January 1, 2024.
  - Requires DCH to complete a parity compliance review annually.
- Violation and Complaint Process + Repository
  - Requires establishment of a mental health parity violation and complaint process, and a repository for tracking such complaints by July 1, 2023, which aligns with OCI's deadline for its repository.
  - Beginning January 15, 2024, and no later than January 15 annually thereafter, DCH's Commissioner must submit the report to the administrator of the Georgia Data Analytic Center and the General Assembly with information regarding the previous year's complaints and all elements contained in the repository.
- Minimum Medical Loss Ratio (MLR) for CMOs of 85% or higher for contracts beginning July 1, 2023 and post such MLR information and results.



# Mental Health Parity Act (HB 1013) Part II: Workforce and System Development

- Part II establishes a **service cancelable loan program** for students enrolled in any degree program for mental health or substance use professionals, which will be administered by Georgia Student Finance Commission.
  - “mental health or substance use professional” is defined under the bill to mean a psychiatrist, psychologist, professional counselor, social worker, marriage and family therapist, clinical nurse specialist in psychiatric/mental health, or other licensed mental or behavioral health clinician or specialist.
- Georgia Board of Health Care Workforce (GBHCW) is tasked with the creation of a **behavioral health care workforce database** to help inform policy decisions that could address the shortage in rural and underserved areas.
  - Minimum data set survey that must be administered and collected by all the licensing boards.
  - Data will inform policy decisions and assist in addressing the workforce shortage in rural areas.



# Mental Health Parity Act (HB 1013) Part III: Involuntary Commitment

- Requires DBHDD to establish grant program to fund five **assisted outpatient treatment (AOT) programs**.
  - AOT is a model through civil commitment which mandates mental health patients to receive outpatient treatment either due to severe mental illness or recurring issues with treatment adherence.
  - Pilots for such programs are already underway.
- Authorizes law enforcement to **transport an individual to an emergency receiving facility** if: (1) the officer believes that individual is a mentally ill person or a person with substance abuse issues; and (2) the officer has consulted with a physician, either in person or via telehealth, who authorizes the officer to transport that individual to a facility for a mental health evaluation.
- Removes “imminently” in two places relating to standards for inpatient or outpatient involuntary commitment
- Removes the requirement that a person must be in the process of committing a crime for law enforcement to take an individual into custody for an emergency mental health evaluation, and for cases where a person is in the process of committing a penal offense, clarifies that the peace officer does not need to formally tender charges prior to transporting the person for evaluation.





# Mental Health Parity Act (HB 1013) Part IV: Mental Health Courts and Corrections

- The Criminal Justice Coordinating Council (CJCC) is tasked with establishing new grant programs for:
  - Accountability courts that service the mental health and co-occurring substance use disorder population to implement trauma-informed treatment
  - Costs associated with transporting individuals to and from emergency receiving, evaluating, and treatment facilities
- The Georgia Public Safety Training Center must add behavioral health co-responders to the occupations they provide facilities and training for
- Tasks the Behavioral Health Coordinating Council with developing solutions to improve the delivery of behavioral health services, increase access to services, and improve outcomes for adults.
- Requires DBHDD to fund five new co-responder programs.



# Mental Health Parity Act (HB 1013) Part IV: Mental Health Courts and Corrections cont.

- The Office of the Health Strategy and Coordination is required under HB 1013 to:
  - Develop solutions to the systemic barriers or problems impeding the delivery of behavioral health services by making recommendations that address funding, policy changes, practice changes; establish specific goals designed to improve the delivery of behavioral health services, increase behavioral health access and outcome for individuals, including children, adolescents, and adults served by various state agencies.
  - Establish common outcome measures that are to be utilized for and represented in evaluation and progress of various state agencies that manage and oversee mental health services.
  - Monitor and evaluate the implementation of established goals and recommendations to improve behavioral health access across prevention, intervention, and treatment.
  - Focus on specific goals designed to resolve issues relative to the provision of behavioral health services that negatively impact individuals, including children, adolescents, and adults served by various state agencies.



# Mental Health Parity Act (HB 1013) Part IV: Mental Health Courts and Corrections cont.

## HB 1013 further expanded on OHSC's in statute with the following changes and charges:

- Adds DECAL, DJJ, GDC, and DCS to the list of state agencies with which we are to facilitate collaboration and coordination.
- Creating a comprehensive unified formulary for mental health and substance use disorder prescriptions under Medicaid, PeachCare for Kids, and the SHBP by December 1, 2022.
- Conducting a transport study of individuals to and from emergency receiving, evaluation, and treatment facilities and report its findings by January 1, 2023.
- Partnering with GDC and DJJ to provide ongoing evaluation of mental health wraparound services and connectivity to local mental health resources to meet the needs of clients in the state reentry plan.
- Partnering with DCS to evaluate the ability to share mental health data between state and local agencies, such as community service boards DCS to assist state and local agencies in identifying and treating those under community supervision who are also receiving community based mental health services;
- Partnering with community service boards to ensure that behavioral health services are made available and provided to children, adolescents, and adults through direct services, contracted services, or collaboration with state agencies, nonprofit organizations, and colleges and universities.
- Centralizing the ongoing and comprehensive planning, policy, and strategy development across state agencies, Medicaid CMOs and fee for service providers, and private insurance partners.
- Examining methods to increase access to certified peer specialists in rural and other underserved or unserved communities and identifying any impediments to such access.



# Mental Health Parity Act (HB 1013) Part IV: Mental Health Courts and Corrections cont.

- Expanded on the responsibilities of the Mental Health Courts and Corrections Subcommittee by requiring them to:
  - Explore opportunities to expand access to mental health specialized caseloads to reach a larger share of the population the Department of Community Supervision works with.
  - Assess the quality of mental health supervision and adherence to evidence-based standards.
  - Determine how mental health can be improved by identifying services, supports, and training to equip law enforcement officers to more successfully engage and reduce recidivism.
  - Assess availability of mental health treatment providers by region to estimate accessibility to treatment across the state.
  - Track quantitative and qualitative metrics on outcomes of any changes made to community supervision strategies.



# Mental Health Parity Act (HB 1013) Part V: Child and Adolescent Behavioral Health

- Creates the Multi-Agency Treatment for Children (MATCH) team which facilitates collaboration across state agencies to explore resources and solutions for complex and unmet treatment needs for children.
  - The MATCH team will accept referrals for local interagency children's committees for children whose complex treatment needs cannot be met through local resources and supports.
  - Facilitates collaboration between DFCS, DJJ, DECAL, DPH, DCH, DBHDD, DOE, OCA, and GDC
- Expands and clarifies that Community Services Boards, who are tasked with providing services to the uninsured, are to provide mental health, developmental disability, and addictive disease services to children in addition to adults.
- Establishes a deadline of October 1, 2024, for DHS to implement a state-wide system for sharing data relating to the protection of children between agencies.



## Mental Health Parity Act (HB 1013) Part VI: Additional Miscellaneous

- HB 1013 requires the Department of Community Health (DCH) to undertake studies to:
  - Compare reimbursement rates for mental health services under Medicaid, PeachCare for Kids, and the State Health Benefit Plan (SHBP).
  - Evaluate reimbursements for health care providers providing mental health care services under Medicaid, PeachCare for Kids, and SHBP.
  - Evaluate reimbursements for hospitals caring for uninsured patients with mental health and substance abuse disorders in the emergency department for extended periods of time while the patient is waiting on placement and transfer to a behavioral health facility.
  - Provide an accurate accounting of mental health fund distributions across state agencies.
  - Evaluate medical necessity denials for adolescent mental and behavioral health services.
  - Determine how to implement a process of coordinated health care for any child who enters foster care so that the Division of Family and Children Services receives pertinent Medicaid claims data immediately.



# Mental Health Parity Act (HB 1013) Part VI: Additional Miscellaneous, contd.

- The duties of the BHRIC were expanded to include:
  - Collaborating with DBHDD to assist in collection of an organization and develop fidelity protocols for grantees of AOT program grant funds
  - Coordinating initiatives to assist local communities in keeping people with serious mental illness out of county and municipal jails and detention facilities
  - Improving outcomes for individuals who have frequent contact with criminal justice, homeless, and behavioral health systems
  - Convening representatives from key stakeholders to examine:
    - How to develop and implement a mechanism for CMOs to meet the mental health and behavioral health needs for children in foster care, children who have been adopted out of Georgia DFCS custody, and select children involved in the juvenile justice system;
    - How to develop and implement a mechanism to provide adoptive caregivers with the support necessary to meet the mental and behavioral health needs of children for the first 12 months after finalization of adoption;
    - Best practices, potential cost savings, decreased administrative burdens, increased transparency regarding prescription drug costs, and impact on turnover on the mental health and substance use disorder professional workforce;
    - And best practices for community mental health and substance use disorder services reimbursement, including payment structures and rates that cover the cost of services.



# Mental Health Parity Act (HB 1013) Part VI: Additional Miscellaneous cont.

- The BHRIC is tasked with creating advisory committees responsibility for:
  - Identifying methods to create pathways of care, including physical, behavioral, and dental health care, regardless of an individual's insurance carrier or coverage.
  - Developing and recommending a solution to ensure appropriate health care services and supports for pediatric patients who have had high utilization of emergency departments, crisis services, or psychiatric residential treatment facilities due to mental health or substance use disorders.
- Additional provisions require DCH to provide Medicaid coverage for any prescription drug prescribed to an adult patient which has been determined by a duly licensed practitioner to be medically necessary for the treatment and prevention of mood disorders.
- GDAC must prepare an annual unified report regarding complaints filed against public and private insurers for suspected violations of mental health parity laws, collected by and submitted from the repositories created by OCI and DCH.





# Looking Forward: BHRIC Recommendations

- The BHRIC held a meeting on November 16, 2022 where summary reports were presented by each subcommittee.
- Recommendations and proposed solutions were discussed across several areas representing the focus of the subcommittees:
  - Workforce issues
  - Data sharing
  - Community supports
  - Care not covered by insurance providers

*The BHRIC's Second Year Report with finalized recommendations is expected by December 31, 2022.*



Thank You!

## Questions & Discussion

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