

Behavioral Health Reform and Innovation Commission

**200 Piedmont Avenue, S.E.
West Tower, 5th Floor, Conference Room 512
Atlanta, GA 30334**

**June 10, 2024
1:00pm – 3:30pm**

FULL COMMISSION PRESENTATION MATERIALS

Behavioral Health Reform and Innovation Commission

200 Piedmont Avenue, S.E.
West Tower, 5th Floor, Conference Room 512
Atlanta, GA 30334

June 10, 2024
1:00pm – 3:30pm

AGENDA

Meeting Convenes 1:00 PM

Opening Remarks and Appointment of Workgroups 1:05 PM – 1:20 PM
(Chairman Tanner)

Status Update on Commission Recommendations 1:20 PM – 1:40 PM
Ashlie Oliver, Georgia Health Policy Center
Ana LaBoy, Georgia Health Policy Center

Subcommittee Overview

Hospital and Short-Term Care Facilities 1:40 PM – 2:00 PM

I. Opening Remarks

Sunchairs Dr. Brenda Fitzgerald, M.D., Board Chair of Resilient Georgia

II. Update on Parity Enforcement Mental and Behavioral Health Access and Parity Barriers and Opportunities

Dr. John Constantino, Chief of Behavioral Health at Children’s Healthcare of Atlanta and Vice Chair, Department of Pediatrics, Professor of Psychiatry and Behavioral Sciences, Emory University School of Medicine

Tammy Bamlett Sherman, Vice President, Behavioral & Mental Health Center, Children’s Healthcare of Atlanta

III. Closing Remarks

Subchair Dr. Brenda Fitzgerald, M.D., Board Chair of Resilient Georgia

Children and Adolescent Behavioral Health 2:00 PM – 2:20 PM

I. Opening Remarks

Subchair Dr. Eric Lewkowiez, M.D., M.S., DFAPA, DFAACAP, Medical College of Georgia -Augusta University

II. MATCH Update

Dante Mckay, Director of Office of Children, Young Adults & Families

III. Closing Remarks

Subchair Dr. Eric Lewkowiez M.D., M.S., DFAPA, DFAACAP, Medical College of Georgia -Augusta University

Involuntary Commitment 2:20 PM – 2:45 PM

I. Opening Remarks

Subchair Judge Sarah Harris, Bibb County Probate Court

II. AOT Lived Experience

Behavioral Health Reform and Innovation Commission

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Mike Bailey, Georgia Pines AOT Program

III. Update on Assisted Outpatient Treatment (AOT) Presentation

Christy Doyle, Senior Research Associate, Georgia Health Policy Center

IV. Closing Remarks

Subchair Judge Sarah Harris, Bibb County Probate Court

Workforce and System Development

2:45 PM – 3:05 PM

I. Opening Remarks

Subchair Representative Mary Margaret Oliver, District 82

II. Rate Study and IDD Now/comp Update

Ashleigh Caseman, Director of Waiver Services, Office of Accountability and Compliance

Wendy Tiegreen, Director, Office of Medicaid Coordination & Health System Innovation

IV. Licensing Update

Kevin Tanner, Commission Chair, Commissioner of the Department of Behavioral Health and Developmental Disabilities

III. Closing Remarks

Subchair Representative Mary Margaret Oliver, District 82

Mental Health Courts and Corrections

3:05 PM – 3:20 PM

I. Opening Remarks

Subchair Chief Justice Michael Boggs, Supreme Court of Georgia

II. Forensic Competency Updates

Dr. Julie Oliver, State Forensic Director, Georgia Department of Behavioral Health and Developmental Disabilities

III. Closing Remarks and Next Steps

Subchair Chief Justice Michael Boggs, Supreme Court of Georgia

Public Comments

3:20 PM – 3:25 PM

Closing Remarks

(Chairman Tanner)

3:30 PM

Adjourn

3:30 PM

Agenda subject to change at the discretion of the Chairman.

STATUS UPDATE ON COMMISSION RECOMMENDATIONS

Presenters:

Ashlie Oliver, Georgia Health Policy Center

Ana LaBoy, Georgia Health Policy Center

BHRIC Recommendations Report

June 10, 2024



BHRIC Highlights



HB1013 passed and signed into law 2022



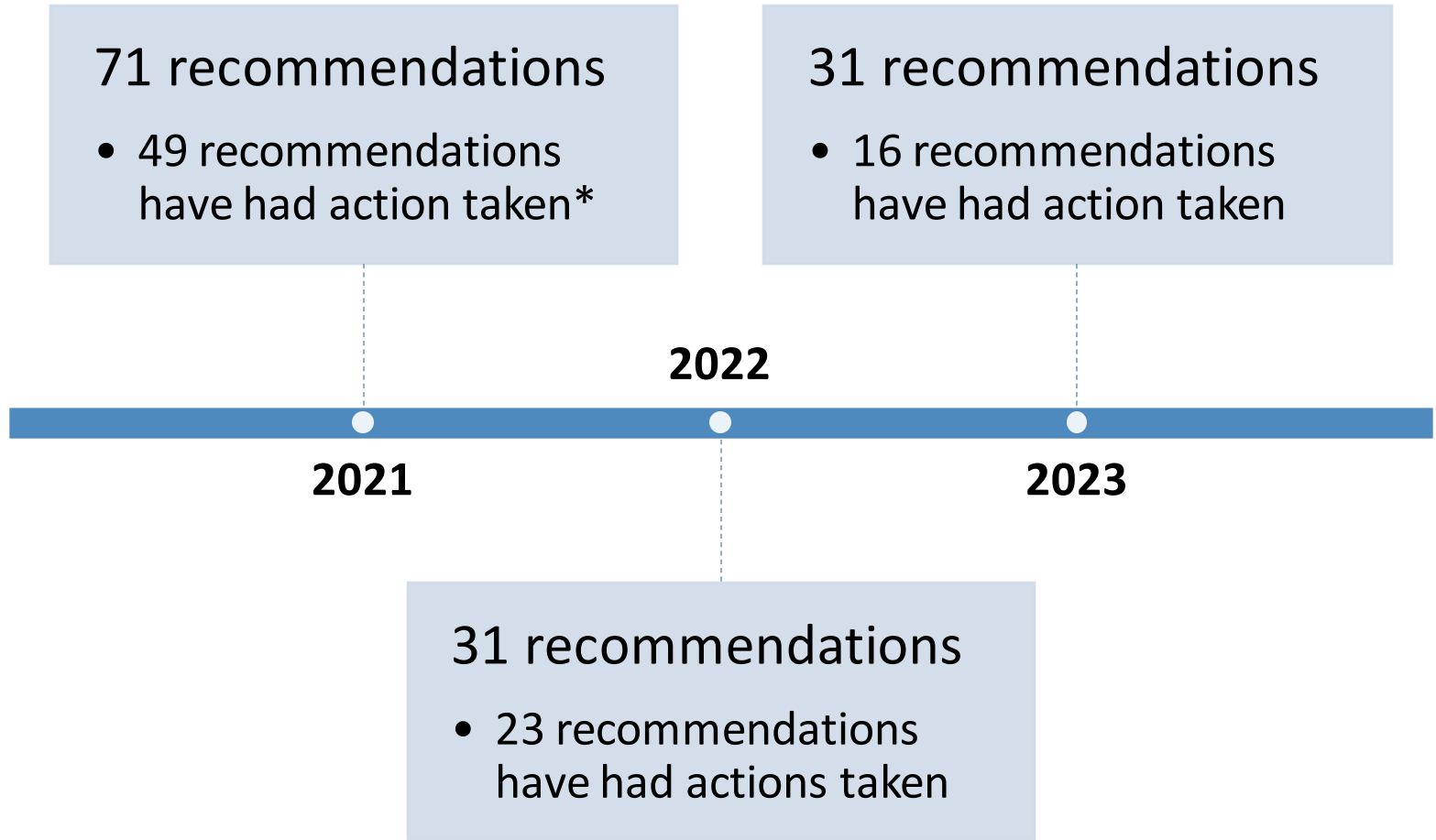
\$1.6 billion dollars in state funds allocated to DBHDD



BHRIC 133 recommendations, of reviewed recommendations 75% have had action taken on them.

Vast majority of recommendations do not require legislation

Overview of Actions



*18 recommendations are still under review

Introduction of Reports

BHRIC Recommendation Report

- All recommendations by year (2021, 2022, 2023)
- Type of action that had been taken
- Numbered consistent with the Crosswalk

Crosswalk Appendix

- Crosswalk includes all the recommendations, as well as details about actions that have been taken
 - Legislative Action (enacted and not passed)
 - Budget Action
 - Agency Action

Thank You

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Behavioral Health Reform and Innovation Commission: Recommendation Report June 2024

Prepared by the Georgia Health Policy Center
June 10, 2024

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INTRODUCTION

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. 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 (CABH), chaired by Dr. Eric Lewkowicz
2. Involuntary Commitment (IC), chaired by Judge Sarah Harris
3. Hospital and Short-Term Care Facilities (HSCF), chaired by Dr. Brenda Fitzgerald
4. Mental Health Courts and Corrections (MHCC), chaired by Chief Justice Michael Boggs
 - a. Familiar Faces Advisory Committee, chaired by Chief Justice Michael Boggs
 - b. Forensic Competency Advisory (FCA) Committee, chaired by Judge Kathlene Gosselin
5. Workforce and System Development (WFSD), chaired by Rep. Mary Margaret Oliver

Since its inaugural year in 2019 BHRIC has met twice a year and discussed the findings of the subcommittees. Every year each subcommittee holds meetings separately and hears hours of expert testimony from the major interest groups and professionals in the respective fields. The findings are then used to form recommendations and create a road map for reform through the annual report. The commission has released three annual reports that identify priority areas, recommendations within each priority area, summary of the subcommittee findings, and full reports submitted by each subcommittee.

The BHRIC annual reports from 2021 to 2023 include 133 recommendations approved by the commission. Of recommendations reviewed, 75% have been completed, are in progress, or have had action taken towards implementing.

- The 2021 annual report had 71 recommendations of which 49 have either had action taken towards implementation or been implemented. 18 recommendations are under review.
- The 2022 annual report had 31 recommendations of which 23 have either had action taken towards implementation or been implemented.
- The 2023 annual report had 31 recommendations of which 16 have either had action taken towards implementation or been implemented.

The following report includes a comprehensive list of recommendations adopted by the full committee reported annually.¹ For each recommendation, the tables below have an indication of whether action has been taken towards resolving the recommendation.² The table includes legislative action, both enacted and not passed, budgetary action, and agency action taken. The table also includes recommendations that have not had action taken on them yet. Unmarked recommendations are pending additional ongoing review.

Full BHRIC reports can be found on the Governor’s Office of Planning and Budget website <https://opb.georgia.gov/ohsc/bhric>. For further detailed information about the status of each recommendation, refer to the attached crosswalk. The crosswalk document includes numbered recommendations under each year, which match the numbers included in this report.

¹ Subcommittees have additional recommendations each year that were not adopted by the full committee. They are available for review in the appendices of each annual report. Status of these recommendations that were not adopted by the full committee are not included in this report.

² Actions are current as of May 1, 2024. 18 recommendations are still under further review

2021 BHRIC RECOMMENDATIONS

Summary

Following the release of the year 1 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, budgetary, and executive actions. 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 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. For the commission specifically, the act indicated new members to be appointed to the commission, outlined topics for further exploration by its subcommittees, and extended its work until 2025.

The 2021 annual report had 71 recommendations of which 49 have either had action taken towards implementation or been implemented. 18 recommendations are under review.

Table 1. 2021 Recommendations and Status

Legislative Action (LA) ~~x~~-enacted, ~~x~~-not passed, Budgetary Action (BA), Agency Action (AA), No Action (NA)

Recommendation	LA	BA	AA	NA
1. Explore how to best implement a virtual statewide trauma-informed training similar to the Georgia Department of Administrative Services (DOAS) Human Trafficking Training Program for all state employees				
2. Continue to focus on behavioral health prevention, such as the Department of Behavioral Health and Developmental Disabilities’ (DBHDD) “Free Your Feels” campaign, specifically through building resilience by normalizing conversations around feelings, teaching children coping skills, and identifying behavioral and mental health concerns early			X	
3. Create a working group with the state’s Department of Insurance (DOI), Department of Community Health (DCH), and Department of Behavioral Health and Developmental Disabilities (DBHDD). The purpose of the working group is to research other states and consider legislation needed to adopt parity in Georgia. It is recommended that the governor establish this group and consider a date for the submission of a report summarizing the working group’s findings to the commission	X			
4. Ensure that DCH includes clear parity provisions in its renewed Medicaid managed care contracts and requires CMOs to submit complete parity compliance analyses and data to demonstrate compliance, as well as sets targets for improvement and enforces parity provisions	X			
5. Ensure that DOI performs regular market conduct exams for parity compliance, including a focus on non-quantitative treatment limitations (NQTLs) such as prior authorization,	X			

reimbursement rates, and denials based on medical necessity, and takes action to address violations				
6. Require a published annual status report of the conduct exams that reviewed parity in the previous year, along with results and corrective actions taken	X			
7. Require DCH and DOI to report annually on the methodology used to ensure compliance with federal and state parity law to the commission and the Georgia General Assembly	X			
8. Make it easier for consumers to report suspected parity violations; for example, have dedicated web pages with a clear explanation of parity and instructions for how to file a complaint linked from the DOI, DCH, and the DBHDD websites. Upon the determination of a reporting process and reviewing authority, the commission recommends that the agency with the authority to set rates creates this web page, and makes data available from it to the commission upon request	X			
9. Explore how to establish a process for publicly reporting how consumer complaints were addressed	X		X	
10. Promote the utilization of the Department of Administrative Services contract to all eligible agencies upon completion of the current request for proposal (RFP)				
11. Ensure statewide telehealth parity for schools			X	
12. Explore how to effectively open lines of communication for continued knowledge sharing and telehealth best practices over the next 12 months and beyond as the state regains composure from COVID-19			X	
13. Develop a communication channel that will promote all existing ECHOs to health care providers and subject matter experts that may benefit from participation				X
14. Create a working group in partnership with the Georgia Rural Health Innovation Center that will identify needed ECHO topics and begin to create innovative ECHOs to bridge behavioral health gaps in Georgia				X
15. Develop a partnership with leaders from CHOA, DCH, DBHDD, Georgia Collaborative Administrative Services Organization, private insurers, CMOs, acute psychiatric hospitals and CSUs to discuss how to best support the needs of children who are high utilizers of crisis care	X		X	
16. Consider implementing a reimbursement leveling system that would allow for additional staffing at CSUs and acute psychiatric inpatient units to accommodate patients who are in psychiatric crisis and aggressive	X		X	
17. The commission recommends that DBHDD continue to work with the subcommittee to further review whether there is a need to support the CSUs to have an on-call physician after				X

hours to review pending patients so that acceptance is not delayed during the night. A potential option is to provide additional resources to DBHDD to make technology upgrades to the GCAL system to include pediatric-specific vital sign and lab value ranges; this improvement would significantly decrease the after-hours medical clearance challenges at the CSU level				
18. The commission recommends that DBHDD work with CSUs to further review the need for a universal consent form, in English and Spanish, which can be used by all CSUs, as well as consider developing an electronic process for sending/receiving consent forms via the electronic GCAL bed board or another electronic platform				
19. The members recommend that DBHDD informs the subcommittee if potential technology upgrades are necessary for universal electronic consents				
20. There are multiple reimbursement challenges that exist particularly for the care of children with autism or a developmental delay who are in psychiatric crisis. Further explore the reimbursement landscape for options	X		X	
21. Require minimum data set surveys (MDSS) for licensed behavioral health providers to help understand the behavioral health workforce and plan for solutions. Data sets could include who is actively taking patients, or practicing, and where; types of insurance accepted; certifications specialties; telehealth offered; and retirement plans. Several other states, including Virginia, North Carolina, Texas, and Indiana already do this. Voices for Georgia’s Children has also recommended this and has detailed information about where to house the information and the costs associated with implementing an MDSS for licensed behavioral health providers				
22. Explore how to allow LMFTs and LPCs to become independent providers in Georgia and have the capability to bill Medicaid	X		X	
23. Identify new and innovative ways to create cost effective supervisory opportunities for new graduates	X		X	
24. Conduct a comprehensive review of prior commissions, via the subcommittees, and House/Senate and joint study committee reports specific to behavioral health to determine which recommendations were implemented. Of those not acted upon, determine their relevancy for reform and innovation in the current system, prioritize, and establish strategies for implementation.			X	
25. Establish processes and collaborative structures across agencies and their contractors to ensure parity in contracting, monitoring, etc.			X	
26. Analyze the utilization of peer support and develop a plan for the targeted expansion of Certified Peer Specialists, adult and		X	X	

youth/parent and forensic specialists, to include salary and funding strategies				
27. Allow psychiatric mental health nurse practitioners to practice to the full extent of their training; and grant full prescriptive authority	X			
28. Allow psychiatric nurse practitioners in psychiatric residential treatment facilities to lead treatment team meetings without the presence of a psychiatrist or physician				
29. Propose legislation to allow licensed marriage and family therapists to conduct 1013s	X			
30. Continue to work with the subcommittee (WF) to determine the need and appropriateness of preferred training topics/curriculum, etc. and the development of tracking and training calendars across agencies			X	
31. Study salary disparities between medical and behavioral health practitioners and staff; make recommendations for parity			X	
32. Promote and create a loan forgiveness program for behavioral health professionals	X	X		
33. Determine the optimum methodology for collecting and reporting relevant data across the several state boards and agencies that oversee the behavioral health professional workforce, such as the Secretary of State, Board of Nursing, and Board of Health Care Workforce and establish processes for implementation			X	
34. Continue the flexibilities in telehealth service delivery allowed during the COVID-19 response and make them permanent. The commission recognizes certain federal requirements related to telehealth platforms were relaxed in response to the pandemic and recommends further exploration pending additional guidance from federal entities as the pandemic continues	X		X	
35. Study the impact to workforce expansion and management of the provider network if private practitioners are allowed to bill Medicaid Fee-for-Service (Aged, Blind, and Disabled population) for services rendered			X	
36. Fund and establish within DBHDD a multi-year grant program to foster the creation of new county-level “assisted outpatient treatment” (AOT) programs across Georgia	X			
37. Remove requirements that a tragic outcome be “imminent” before an individual in crisis can qualify for civil commitment for mental illness	X			
38. Allow psychiatric deterioration as a basis for inpatient commitment.	X			
39. The commission recommends that the subcommittee (IC) provide a recommendation and continue to collaborate with, DBHDD, law enforcement agencies, and advocacy groups to	X			

explore the possibility of peace officers transporting persons in a mental health crisis to a psychiatric evaluation without evidence of a penal offense				
40. The commission acknowledges DBHDD’s role as the State Behavioral Health Authority and recommends that DBHDD work with law enforcement agencies to continue to explore and potentially set a course for Georgia to develop, and Criminal Justice/Behavioral Health (CJ/BH) agencies to adopt and utilize, a shared definition of “Serious Mental Illness” (SMI) to ensure eligibility for services is consistent, has a common metric for measuring prevalence rates, and tracks changes over time			X	
41. Set a goal for increased screening upon admission to jail for mental illnesses, substance use disorders, and homelessness			X	
42. Charge an agency with issuing state guidance, tools, and templates to facilitate sharing information across BH/CJ systems				
43. Review policies and suggest changes to support crisis response instead of traditional/sole law enforcement response; this would require more quick analysis, but examples are citation in lieu of bookings, authorizing transport to non-emergency settings, and/or a co-responder model				X
44. Provide state funding for gender-specific trauma treatment modalities and 22 curriculum court trainings for judges and mental health court professionals (Moral Recognition Therapy (MRT) Trauma and Trauma Recovery and Empowerment Model (TREM))				
45. Provide funding for a Treatment Fidelity Monitor position. Currently, only two persons perform this work for 169 courts within the Accountability Court Council to monitor the treatment provided in all courts to ensure treatment fidelity to best practices, provide coaching and feedback				
46. Establish grant funding from the Criminal Justice Coordinating Council for courts to facilitate the implementation of gender-specific trauma treatment in accountability courts serving the mental health and/or co-occurring population	X			
47. Fund a dedicated CACJ position to provide technical assistance to 169 courts to interpret the per/court data analysis reports to support policy and procedure changes, such as an enhanced referral process to better identify the mental health population, to better serve program participants				
48. Amend O.C.G.A. § 15-21-101 to include a new subparagraph (5) that permits the expenditure of fees collected pursuant to O.C.G.A. § 15-21-100 for the Drug Abuse Treatment and Education 20 Fund to be expended “[i]f a mental health court has been established in the county under Code Section 15-1-16	X			

that also serves participants with co-occurring substance use disorders, for the purposes of the mental health court division.”				
49. Provide supplemental state funding to counties to permit the expansion of the currently existing or new local contracts with medical care providers to pay for mental health and substance use disorder treatment. The funding contract will have specific language prohibiting counties from supplanting their current contractual obligations upon receipt of this mental-health related appropriation				
50. Provide state funding to pay for increased crisis intervention training for local law enforcement personnel		X	X	
51. Provide state funding to pay for inmate mental health transfers as provided for and mandated within Code Sections § 37-3-41(a)(b), and § 37-3-101(a), which specifically relate to 1013/2013 transports to include pay for: overtime compensation to off-set the costs for additional deputies called-in to make the transports; shift coverage; and vehicle maintenance	X	X	X	
52. Consider supplemental state funding to pay for increased psychotropic medication costs to Sheriff’s Departments				
53. Continue to work with the subcommittee to consider implementing a pilot co-responder model where trained mental health professionals are teamed with (or otherwise available to assist) law enforcement officers (e.g. EMT’s) in mental health related 911 emergency calls	X			
54. Evaluate the viability of a long-term acute care psychiatric facility for Level VI inmates requiring one to one oversight/intensive treatment, which is currently a level of care beyond what GDC can provide				
55. Evaluate the viability of expanding integrated treatment within GDC facilities for those offenders with mental health dual diagnoses				
56. Provide supplemental state funding to increase the availability of forensic peer mentors for those offenders who are preparing for release from prison within the current program offered through the Mental Health Consumers Network, Department of Behavioral Health and Developmental Disabilities, and Georgia Department of Corrections	X			
57. Partner with the Behavioral Health Coordinating Council to evaluate the expansion of mental health wrap-around services and connectivity to local mental health resources for clients in our current state re-entry plan	X			
58. Provide supplemental state funding for forensic peer mentors	X			
59. Partner with the Behavioral Health Coordinating Council to evaluate the ability to share mental health data across	X			

agencies, such as between local community service boards (CSBs) and the DCS database to assist the departments in identifying, tracking, and treating those on community supervision who are also receiving community-based mental health services				
60. Evaluate the efficiencies that can be gained by reducing specialized mental health caseloads consistent with best care practices				
61. Evaluate the need for continuity of care and a seamless collaboration with local CSB and behavioral health providers for treatment and housing, to include impediments and solutions to shorten the wait-time for individuals referred for services				
62. For DJJ - Provide funding for evidence-based best practices training				
63. For DJJ - Consider modalities to improve access to population health insurance funding to address funding stream gaps				
64. Increase the availability of residential programming bed capacity to meet the diversified needs of Georgia’s children, reduce wait lists for medium-need/risk youth, and address denials from current providers for high-risk, special needs, and/or gang affiliated youth		X	X	
65. Explore a unified Medicaid formulary to decrease wasteful spending and administrative hurdles. Given the number of Georgia’s youth covered by Medicaid, administrative requirements for Medicaid have a disproportionately large impact on children’s care. The Georgia Chapter of the American Academy of Pediatrics has requested a common formulary for a number of conditions, including mental health conditions like attention deficit hyperactivity disorder	X		X	
66. Evaluate best practices for community mental health service reimbursement, including payment structures and rates that cover the cost of service provision for outpatient care, high-fidelity wrap-around services, and therapeutic foster care homes, within the bounds of federal regulatory guidance			X	
67. Require minimum data set surveys for licensed mental health providers to characterize the current workforce and improve the pipeline. As noted in this document, the subcommittee is in agreement with a requirement for minimum data set surveys (MDSS) for licensed behavioral health providers and recommends that providers are asked three additional questions: i. Do they have specialized training in treating children and adolescents? ii. What proportion of their practice is children and adolescents?			X	
68. Implement training program support and loan repayment programs to feed the pipeline of clinicians and improve graduate retention. In order to have the best return on investment in meeting the needs of Georgia’s children who are	X	X	X	

<p>disproportionately impacted by poverty, it is imperative to prioritize the support of academic institutions and training programs with a track record of providing care to underserved youth and the support of trainees and clinicians with ties to underserved geographic or racial/ethnic communities that are disproportionately impacted by the social determinants of health.</p>				
<p>69. Increase funding for Apex programs and school-based health centers and increase the budget to 150% of the pre-cut funding level to provide greatly needed services to children quickly. In 2020, the budgets for these programs were reduced, which impacted children throughout the state, including vastly underserved rural areas. This occurred at a time when the social determinants of health and societal stressors impacting children, and in turn, mental health problems, were increasing. These programs provide critical, community-based, upstream, potentially preventative services in communities with children who are disproportionately adversely impacted by the social determinants of health</p>		<p>x</p>	<p>X</p>	
<p>70. The commission recommends that DBHDD and DCH work together to explore the option of having state plans, including state Medicaid, cover integrated care billing codes. This includes forecasting the cost of implementation and potential return on investment for the models. Implementation strategies would then be considered by the governor’s office and legislature for state adoption. This action could financially support the provision of mental health services by primary care providers sustainably. Integrated care improves the scope and quality of mental health services that can be provided by children’s primary care providers and maximizes the use of mental health specialists’ expertise that are able to serve a much larger population using this approach compared to seeing each patient and treating them on an on-going basis individually. Though billing codes are available to support this model of care, the state currently does not reimburse for them. It has been implemented at various times with grant support, but in order for it to be sustainable, longstanding, and widespread, providers need a reliable method for reimbursement. Additionally, the use of these codes would bolster the effectiveness and sustainability of behavioral health ECHO programs. The table at the end of this document includes a description of these codes</p>			<p>X</p>	
<p>71. Evaluate the cost of a child and adolescent access phone consultation program to provide on-going support for primary care providers in the provision of children’s mental health</p>		<p>X</p>	<p>X</p>	

services. Implementation strategies can then be considered by the governor's office and legislature for state adoption				
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2022 BHRIC RECOMMENDATIONS

Summary

Following the 2022 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. Several activities emerged in 2023 pertaining to recommendations set by the commission in the Year 2 report. These activities directly respond to, illuminate, and bring clarity to existing recommendations. An executive order from Gov. Kemp was executed in 2023 pertaining to data sharing. Additionally, three reports emerged in 2023 that align with recommendations from the Year 2 report: The Behavioral Health Rate Study (June 2023), the Georgia DBHDD Bed Capacity Study (August 2023), and the DBHDD Workforce Innovations Report.

The 2022 annual report had 31 recommendations of which 23 have either had action taken towards implementation or been implemented.

Table 2. 2022 Recommendations and Status

Legislative Action (LA) ~~x~~-enacted, ~~x~~-not passed, Budgetary Action (BA), Agency Action (AA), No Action (NA)

Commission Recommendation	LA	BA	AA	NA
1. Increase Medicaid reimbursement rates for the behavioral health workforce	X	X	X	
2. Modernize licensing practices across all levels of behavioral health workforce	X			
3. Establish loan forgiveness and loan repayment program for mental health professionals	X	X		
4. Increase psychiatric residency programs within the state		X		
5. Strengthen Georgia's peer support workforce	X	X		
6. Implement strong network adequacy standards	X			
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	X	X		
8. Build data sharing capacity through the Georgia Data Analytics Center and by establishing a uniform process for data sharing across state government.	X	X	X	
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.				X
10. Develop capacity to identify familiar faces by crafting state-level guidance to standardize and streamline information sharing.	X			
11. Fund additional behavioral health crisis services to increase capacity of Georgia's crisis continuum of care		X	X	

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	X		X	
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.				X
14. Establish a plan for Medicaid to allow a portion of funding to be used to address social determinants of health.	X			
15. Expand successful programs and services for children and adolescents	X	X		
16. Expand successful coordination practices between the criminal justice and behavioral health systems	X		X	
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.				X
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.	X		X	
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.				X
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.				X
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				X
22. 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.	X			
23. Use federal CMS guidance to expand Medicaid coverage for youth in DJJ custody from ages 18 to 21	X			
24. Require DCH to reimburse for CPT code 90791, psychological diagnostic assessment.	X	X		

25. Review and remove unnecessary restrictions on which practitioner levels are allowed to make a diagnosis for autism spectrum disorder	X			
26. Create an executive leadership position (i.e., assistant commissioner) at DBHDD that focuses on child and adolescent mental health and substance abuse.				X
27. 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	X			
28. Require DCH to reimburse for licensed professional counselors (LPCs) at Federally Qualified Health Centers (FQHCs)	X	X		
29. 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	X			
30. 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	X			
31. 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				X

2023 BHRIC RECOMMENDATIONS

Summary

Following the precedent set in 2022, the subcommittees met regularly in 2023 to extend and refine previous recommendations and develop new guidance based on updated guidance from new studies and data. Similar to 2022, workforce shortages were discussed in nearly every meeting held, no matter the overarching topic for that meeting. Following the release of the 2023 annual report and supporting reports and studies released the General Assembly and Governor Brian P. Kemp designated several related increases in the 2025 fiscal year budget. Including \$22 million to implement an increase in provider rates for community-based behavioral health providers and \$16 million for behavioral health crisis centers (BHCC).

The 2023 annual report had 31 recommendations of which 16 have either had action taken towards implementation or been implemented.

Table 3. 2023 Recommendations and Status
Legislative Action (LA) ~~x~~-enacted, ~~x~~-not passed, Budgetary Action (BA), Agency Action (AA), No Action (NA)

Recommendation	LA	BA	AA	NA
1. Implement the Behavioral Health Rate Study Findings		X	X	
2. Increase Medicaid Reimbursement Rates for the Behavioral Health Workforce		X		
3. Offer competitive salaries to DBHDD workforce			X	
4. Establish a loan forgiveness and loan repayment program for mental health professionals	X			
5. Modernize Licensing Practices Across All Levels of the Behavioral Health Workforce	X			
6. Address the Shortage of Psychiatric Beds in Georgia: Utilize and Create Pathways for EmPATH Units	X			
7. Address the Shortage of Psychiatric Beds in Georgia: Identify a Pathway to Submit the Institutions for Mental Disease Waiver			X	
8. Optimize Use of Existing Psychiatric Beds				X
9. Establish a Plan for Medicaid to Allow a Portion of Funding to Be Used to Address Social Determinants of Health			X	
10. Encourage Georgia CSBs to adopt the Certified Community Behavioral Health Center model which is designed to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age - including developmentally appropriate care for children and youth				X
11. Expand the Apex program to more schools throughout Georgia. In addition, provide and expand access for		X		

tele-mental health access in schools and consider expanding the Apex program reach to rural areas by use of tele-mental health as part of a plan to expand school-based behavioral health services				
12. Expand and plan for future funding of the Georgia Mental Health Access in Pediatrics program				X
13. Implement strategies to improve communication and collaboration between the Division of Aging, the Public Guardianship Office, and DBHDD, including cross-agency training to understand the roles and limitations of each agency			X	
14. Establish a liaison to work and coordinate with the Division of Aging and the Public Guardianship Office for guidance and direction and to troubleshoot complex cases				X
15. Expand and Study the Assisted Outpatient Treatment Program			X	
16. Funding to continue for five AOT pilot projects across the state.				X
17. Targeted training for all CSBs and treatment providers about the use of AOT				X
18. Studying AOT pilot site implementation to understand how each site utilizes funding to support staffing and operations			X	
19. Conducting a study to inform building an additional AOT pilot project in conjunction with misdemeanor diversion				X
20. Study and conduct an environmental scan to identify evidence-based and evidence-informed practices other states are utilizing for defining and implementing jail-based and outpatient restoration programs and diverting individuals with low-level criminal offenses from state hospitals				X
21. Study and conduct an environmental scan to identify best practices for defendants with intellectual developmental disabilities or who have dementia and are currently not included in the code for involuntary commitment				X
22. Study and conduct an environmental scan of the use of alternative transportation options when directed by a 1013 form or order to apprehend. In addition to transportation, an environmental scan on evidence-based policies and evidence-informed practices to determine where a person is sent for crisis			X	

intervention, how it is determined, and who makes the determination should be conducted				
23. Study the use of Children's Medical Services school-based services and Early Periodic Screening, Diagnostic and Treatment benefits in Georgia to identify and address gaps in service provision				X
24. Study and evaluate the findings of the report currently being conducted that reviews Juvenile Justice Court resources and best practices on behalf of the Forensic Competency Advisory Committee				X
25. Refine Policies and Practices Impacting Adults: Amend OCGA Section 50-14-1 to allow for telephonic CSB board meetings. Subsection (f) provides that "an agency with statewide jurisdiction or committee of such agency shall be authorized to conduct meetings by teleconference, provided that any such meeting is conducted in compliance with this chapter	X			
26. Refine Policies and Practices Impacting Adults: Based on Georgia Code, OCGA Section 31-6-1, update Certificate of Need program to allow for the creation of EmPATH units				X
27. Refine Policies Impacting Access to Services for Children and Adolescents: Revise DCH requirements for tuberculosis symptoms screening to allow nonmedical professionals who are qualified, to complete substance use assessments for intake of children and adolescents who need substance abuse treatment.			X	
28. Refine Policies Impacting Access to Services for Children and Adolescents: Eliminate the requirement for prevention/early intervention, Level 1 (Outpatient), or Level 2 (Intensive outpatient/partial hospitalization) treatment modalities				X
29. Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Amend OCGA Section 37-3-42(a)(2) and OCGA Section 37-7-42(a)(2) to specifically reference back to OCGA Section 37-3-4 and OCGA Section 37-7-5 to clarify transportation liability concerns for law enforcement				X
30. Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Amend OCGA Section 37-3-42(a)(2) and OCGA Section 37-7-42(a)(2) to clarify the definition of physician in paragraph (2). Suggested amended language can be found in the Involuntary Commitment Subcommittee report				X

<p>31. Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Revise language within the restoration statute to clearly identify that DBHDD has three options for the provision of restoration services: outpatient, jail-based, and inpatient. DBHDD will determine the most appropriate setting for the delivery of restoration services for each individual. If DBHDD recommends provision of outpatient restoration services, the presiding judge will determine whether the defendant is eligible for bond</p>	X			
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APPENDIX: CROSSWALK

2021 BHRIC Recommendations with Detailed Legislative and Other Action

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
1	Under Review	Explore how to best implement a virtual statewide trauma-informed training similar to the Georgia Department of Administrative Services (DOAS) Human Trafficking Training Program for all state employees		
2	Agency Action	Continue to focus on behavioral health prevention, such as the Department of Behavioral Health and Developmental Disabilities' (DBHDD) "Free Your Feels" campaign, specifically through building resilience by normalizing conversations around feelings, teaching children coping skills, and identifying behavioral and mental health concerns early		DBHDD continues to collaborate with partners to promote the "Free Your Feels Campaign"
3	Legislation Passed	Create a working group with the state's Department of Insurance (DOI), Department of Community Health (DCH), and Department of Behavioral Health and Developmental Disabilities (DBHDD). The purpose of the working group is to research other states and consider legislation needed to adopt parity in Georgia. It is recommended that the governor establish this group and consider a date for the submission of a report summarizing the working group's findings to the commission	HB 1013, Section 1-2	
4	Legislation Passed	Ensure that DCH includes clear parity provisions in its renewed Medicaid managed care contracts and requires CMOs to submit complete parity compliance analyses and data to demonstrate compliance, as well as sets targets for improvement and enforces parity provisions	HB 1013, Section 1-4	
5	Legislation Passed	Ensure that DOI performs regular market conduct exams for parity compliance, including a focus on non-quantitative treatment limitations (NQTLs) such as prior authorization, reimbursement rates, and denials based on medical necessity, and takes action to address violations	HB 1013, Section 1-4	

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
6	Legislation Passed	Require a published annual status report of the conduct exams that reviewed parity in the previous year, along with results and corrective actions taken	HB 1013, Section 1-2	
7	Legislation Passed	Require DCH and DOI to report annually on the methodology used to ensure compliance with federal and state parity law to the commission and the Georgia General Assembly	HB 1013, Section 1-2	
8	Legislation Passed	Make it easier for consumers to report suspected parity violations; for example, have dedicated web pages with a clear explanation of parity and instructions for how to file a complaint linked from the DOI, DCH, and the DBHDD websites. Upon the determination of a reporting process and reviewing authority, the commission recommends that the agency with the authority to set rates creates this web page, and makes data available from it to the commission upon request	HB 1013, Section 1-2	
9	Legislation Passed	Explore how to establish a process for publicly reporting how consumer complaints were addressed	HB 1013, Section 1-2, line 153-166	A process and portal for filing consumer complaints was created after the passing of HB 1013. State agencies and BHRIC recognize the need to evaluate the success of the process and continue joint efforts to build upon the established process.
10	Under Review	Promote the utilization of the Department of Administrative Services contract to all eligible agencies upon completion of the current request for proposal (RFP)		
11	In Progress	Ensure statewide telehealth parity for schools		APEX program in Georgia is using telehealth in schools. 120 school in Georgia are utilizing telehealth.
12	Agency Action Taken	Explore how to effectively open lines of communication for continued knowledge sharing and telehealth best practices over the next 12 months and beyond as the state regains composure from COVID-19		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
13	No Action	Develop a communication channel that will promote all existing ECHOs to health care providers and subject matter experts that may benefit from participation		
14	No Action	Create a working group in partnership with the Georgia Rural Health Innovation Center that will identify needed ECHO topics and begin to create innovative ECHOs to bridge behavioral health gaps in Georgia		
15	Legislation Passed	Develop a partnership with leaders from CHOA, DCH, DBHDD, Georgia Collaborative Administrative Services Organization, private insurers, CMOs, acute psychiatric hospitals and CSUs to discuss how to best support the needs of children who are high utilizers of crisis care	HB 1013, Section 5-1, line 1663-1679	As a result of establishing the Multi-Agency Treatment for Children (MATCH) team the Committee has developed and fostered these relationships.
16	Legislation Passed	Consider implementing a reimbursement leveling system that would allow for additional staffing at CSUs and acute psychiatric inpatient units to accommodate patients who are in psychiatric crisis and aggressive	HB 1013, Section 5-1, line 1663-1679	State MATCH committee leading the work on this.
17	No Action	The commission recommends that DBHDD continue to work with the subcommittee to further review whether there is a need to support the CSUs to have an on-call physician after hours to review pending patients so that acceptance is not delayed during the night. A potential option is to provide additional resources to DBHDD to make technology upgrades to the GCAL system to include pediatric-specific vital sign and lab value ranges; this improvement would significantly decrease the after-hours medical clearance challenges at the CSU level		
18	Under Review	The commission recommends that DBHDD work with CSUs to further review the need for a universal consent form, in English and Spanish, which can be used by all CSUs, as well as consider developing an electronic process for sending/receiving consent forms via the electronic GCAL bed board or another electronic platform		
19	Under Review	The members recommend that DBHDD informs the subcommittee if potential technology upgrades are necessary for universal electronic consents		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
20	In Progress	There are multiple reimbursement challenges that exist particularly for the care of children with autism or a developmental delay who are in psychiatric crisis Further explore the reimbursement landscape for options		
21	Under Review	Require minimum data set surveys (MDSS) for licensed behavioral health providers to help understand the behavioral health workforce and plan for solutions. Data sets could include who is actively taking patients, or practicing, and where; types of insurance accepted; certifications specialties; telehealth offered; and retirement plans.		
22	Agency Action	Explore how to allow LMFTs and LPCs to become independent providers in Georgia and have the capability to bill Medicaid		Codes included in the Georgia Medicaid State plan
23	In Progress	Identify new and innovative ways to create cost effective supervisory opportunities for new graduates		
24	In Progress	Conduct a comprehensive review of prior commissions, via the subcommittees, and House/Senate and joint study committee reports specific to behavioral health to determine which recommendations were implemented. Of those not acted upon, determine their relevancy for reform and innovation in the current system, prioritize, and establish strategies for implementation.		BHRIC is conducting a comprehensive review of all recommendations that have come from the commission.
25	In Progress	Establish processes and collaborative structures across agencies and their contractors to ensure parity in contracting, monitoring, etc.		
26	In Progress	Analyze the utilization of peer support and develop a plan for the targeted expansion of Certified Peer Specialists, adult and youth/parent and forensic specialists, to include salary and funding strategies.		DBHD is in the process of creating a database to help support certified peers.
27	Legislation Introduced Did not Pass	Allow psychiatric mental health nurse practitioners to practice to the full extent of their training; and grant full prescriptive authority.		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
28	Under Review	Allow psychiatric nurse practitioners in psychiatric residential treatment facilities to lead treatment team meetings without the presence of a psychiatrist or physician.		
29	Legislation Introduced	Propose legislation to allow licensed marriage and family therapists to conduct 1013s.	HB 591	
30	In Progress	Continue to work with the subcommittee to determine the need and appropriateness of preferred training topics/curriculum, etc. and the development of tracking and training calendars across agencies.		
31	Agency Action	Study salary disparities between medical and behavioral health practitioners and staff; make recommendations for parity.		2023 rate study completed by DBHDD resulted in additional funds for behavioral health workforce
32	Legislation Passed	Promote and create a loan forgiveness program for behavioral health professionals.	HB 1013, Section 2-1	
33	In Progress	Determine the optimum methodology for collecting and reporting relevant data across the several state boards and agencies that oversee the behavioral health professional workforce, such as the Secretary of State, Board of Nursing, and Board of Health Care Workforce and establish processes for implementation.		Workforce subcommittee will be working on this recommendation in the 2024 year
34	Legislative Action	Continue the flexibilities in telehealth service delivery allowed during the COVID-19 response and make them permanent. The commission recognizes certain federal requirements related to telehealth platforms were relaxed in response to the pandemic and recommends further exploration pending additional guidance from federal entities as the pandemic continues.		
35	In progress	Study the impact to workforce expansion and management of the provider network if private practitioners are allowed to bill Medicaid Fee-for-Service (Aged, Blind, and Disabled population) for services rendered.		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
36	Legislation Passed	Fund and establish within DBHDD a multi-year grant program to foster the creation of new county-level "assisted outpatient treatment" (AOT) programs across Georgia.	HB 1013, Section 3-1, line 896-906	
37	Legislation Introduced	Remove requirements that a tragic outcome be "imminent" before an individual in crisis can qualify for civil commitment for mental illness.	NOT PASSED - Apart of draft of HB 1013	
38	Legislation Introduced	Allow psychiatric deterioration as a basis for inpatient commitment.	NOT PASSED - Apart of draft of HB 1013	
39	Legislation Passed	The commission recommends that the subcommittee provide a recommendation and continue to collaborate with, DBHDD, law enforcement agencies, and advocacy groups to explore the possibility of peace officers transporting persons in a mental health crisis to a psychiatric evaluation without evidence of a penal offense	HB 1013, Section 3-3, line 1066-1086	
40	In Progress	The commission acknowledges DBHDD's role as the State Behavioral Health Authority and recommends that DBHDD work with law enforcement agencies to continue to explore and potentially set a course for Georgia to develop, and Criminal Justice/Behavioral Health (CJ/BH) agencies to adopt and utilize, a shared definition of "Serious Mental Illness" (SMI) to ensure eligibility for services is consistent, has a common metric for measuring prevalence rates, and tracks changes over time		BHRIC created a shared definition that has been adopted across state agencies. There is continued work to have the definition recognized state wide.
41	In Progress	Set a goal for increased screening upon admission to jail for mental illnesses, substance use disorders, and homelessness		Jail in reach pilot program has been occurring in several counties in Georgia.
42	Under Review	Charge an agency with issuing state guidance, tools, and templates to facilitate sharing information across BH/CJ systems		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
43	No Action	Review policies and suggest changes to support crisis response instead of traditional/sole law enforcement response; this would require more quick analysis, but examples are citation in lieu of bookings, authorizing transport to non-emergency settings, and/or a co-responder model		Currently co responders and outreach programs are evaluating their success before a statewide model can be implemented.
44	Under Review	Provide state funding for gender-specific trauma treatment modalities and 22 curriculum court trainings for judges and mental health court professionals (Moral Recognition Therapy (MRT) Trauma and Trauma Recovery and Empowerment Model (TREM))		
45	Under Review	Provide funding for a Treatment Fidelity Monitor position. Currently, only two persons perform this work for 169 courts within the Accountability Court Council to monitor the treatment provided in all courts to ensure treatment fidelity to best practices, provide coaching and feedback		
46	In Progress	Establish grant funding from the Criminal Justice Coordinating Council for courts to facilitate the implementation of gender-specific trauma treatment in accountability courts serving the mental health and/or co-occurring population	HB 1013, Section 4-1	
47	Under Review	Fund a dedicated CACJ position to provide technical assistance to 169 courts to interpret the per/court data analysis reports to support policy and procedure changes, such as an enhanced referral process to better identify the mental health population, to better serve program participants		
48	Legislation Passed	Amend O.C.G.A. § 15-21-101 to include an new subparagraph (5) that permits the expenditure of fees collected pursuant to O.C.G.A. § 15-21-100 for the Drug Abuse Treatment and Education 20 Fund to be expended “[i]f a mental health court has been established in the county under Code Section 15-1-16 that also serves participants with co-occurring substance use disorders, for the purposes of the mental health court division.”		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
49	Under Review	Provide supplemental state funding to counties to permit the expansion of the currently existing or new local contracts with medical care providers to pay for mental health and substance use disorder treatment. The funding contract will have specific language prohibiting counties from supplanting their current contractual obligations upon receipt of this mental-health related appropriation		
50	Agency and Budgetary Action	Provide state funding to pay for increased crisis intervention training for local law enforcement personnel		
51	Legislation Passed	Provide state funding to pay for inmate mental health transfers as provided for and mandated within Code Sections § 37-3-41(a)(b), and § 37-3-101(a), which specifically relate to 1013/2013 transports to include pay for: overtime compensation to off-set the costs for additional deputies called-in to make the transports; shift coverage; and vehicle maintenance	HB 1013, Section 4-6	
52	Under Review	Consider supplemental state funding to pay for increased psychotropic medication costs to Sheriff's Departments		
53	Legislation Passed	Continue to work with the subcommittee to consider implementing a pilot co-responder model where trained mental health professionals are teamed with (or otherwise available to assist) law enforcement officers (e.g. EMT's) in mental health related 911 emergency calls	HB 1013, Section 4-5	
54	Under Review	Evaluate the viability of a long-term acute care psychiatric facility for Level VI inmates requiring one to one oversight/intensive treatment, which is currently a level of care beyond what GDC can provide		
55	Under Review	Evaluate the viability of expanding integrated treatment within GDC facilities for those offenders with mental health dual diagnoses		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
56	Legislation Passed	Provide supplemental state funding to increase the availability of forensic peer mentors for those offenders who are preparing for release from prison within the current program offered through the Mental Health Consumers Network, Department of Behavioral Health and Developmental Disabilities, and Georgia Department of Corrections	HB 1013, Section 4-3	
57	Legislation Passed	Partner with the Behavioral Health Coordinating Council to evaluate the expansion of mental health wrap-around services and connectivity to local mental health resources for clients in our current state re-entry plan	HB 1013, Section 4-3	
58	Legislation Passed	Provide supplemental state funding for forensic peer mentors	HB 1013, Section 4-3	
59	Legislation Passed	Partner with the Behavioral Health Coordinating Council to evaluate the ability to share mental health data across agencies, such as between local community service boards (CSBs) and the DCS database to assist the departments in identifying, tracking, and treating those on community supervision who are also receiving community-based mental health services	HB 1013, Section 4-3	
60	Under Review	Evaluate the efficiencies that can be gained by reducing specialized mental health caseloads consistent with best care practices		
61	Under Review	Evaluate the need for continuity of care and a seamless collaboration with local CSB and behavioral health providers for treatment and housing, to include impediments and solutions to shorten the wait-time for individuals referred for services.		
62	Under Review	For DJJ - Provide funding for evidence-based best practices training		
63	Under Review	For DJJ - Consider modalities to improve access to population health insurance funding to address funding stream gaps		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
64	In progress	Increase the availability of residential programming bed capacity to meet the diversified needs of Georgia's children, reduce wait lists for medium-need/risk youth, and address denials from current providers for high-risk, special needs, and/or gang affiliated youth		
65	Legislation Passed	Explore a unified Medicaid formulary to decrease wasteful spending and administrative hurdles. Given the number of Georgia's youth covered by Medicaid, administrative requirements for Medicaid have a disproportionately large impact on children's care. The Georgia Chapter of the American Academy of Pediatrics has requested a common formulary for a number of conditions, including mental health conditions like attention deficit hyperactivity disorder	HB 1013, Section 6-1-DCH HB 1013 Report	Child & Adolescent Committee taking on as priority to study in the upcoming 2024 BHRIC year
66	Legislation Passed	Evaluate best practices for community mental health service reimbursement, including payment structures and rates that cover the cost of service provision for outpatient care, high-fidelity wrap-around services, and therapeutic foster care homes, within the bounds of federal regulatory guidance.	HB 1013, Section 6-1	
67	In progress	Require minimum data set surveys for licensed mental health providers to characterize the current workforce and improve the pipeline. ³		
68	In progress	Implement training program support and loan repayment programs to feed the pipeline of clinicians and improve graduate retention. *Specifically tied to the Children's Behavioral Health Workforce		
69	In Progress	Increase funding for Apex programs and school-based health centers and increase the budget to 150% of the pre-cut funding level to provide greatly needed services to children quickly		

³ The subcommittee is in agreement with the requirements of Minimal Data Set for licensed behavioral health providers.

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
70	In Progress	DBHDD and DCH work together to explore the option of having state plans, including state Medicaid, cover integrated care billing codes. This includes forecasting the cost of implementation and potential return on investment for the models. Implementation strategies would then be considered by the governor's office and legislature for state adoption... Though billing codes are available to support this model of care, the state currently does not reimburse for them....		
71	In Progress	Evaluate the cost of a child and adolescent access phone consultation program to provide on-going support for primary care providers in the provision of children's mental health services. Implementation strategies can then be considered by the governor's office and legislature for state adoption		Georgia Mental Health Access in Pediatrics Program (GMAP) and teleconsultation program lead this work.

2022 BHRIC Recommendations with Detailed Legislative and Other Action

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
1	In Progress	Increase Medicaid reimbursement rates for the behavioral health workforce	HB 520, Section 17, line 917-925 BILL DID NOT PASS	House & Senate FY24 budget notes 62.9, 63.4, 64.15, 67.2, 68.7, 70.4 (\$10.2M, DBHDD) Disregarded by Governor notes 94.17, 95.14, 96.4 (\$200K, DCH) Retained in Governor-approved budget
2	In Progress	Modernize licensing practices across all levels of behavioral health workforce	HB 520, Section 12, line 504-512 BILL DID NOT PASS. HB 76, Section 2, line 61-139 BILL PASSED.	
3	In Progress	Establish loan forgiveness and loan repayment program for mental health professional	HB 520, Section 19, line 1040-1042 BILL DID NOT PASS.	
4	In Progress	Increase psychiatric residency programs within the state		
5	Legislation Introduced	Strengthen GA's peer support workforce	HB 520, Section 3, line 167-173: Section 17, line 911-912 BILL DID NOT PASS.	House & Senate FY24 budget note 88.12 (\$0, DCH), note 60.2 (\$200K, DBHDD), note 60.3 (\$200K, DBHDD), note 64.14 (\$1.4M, DBHDD) Retained in Governor-approved budget note 63.2 (\$1.2M, DBHDD), note 63.3 (\$277K, DBHDD) Disregarded by Governor
6	Legislation Passed	Implement strong network adequacy standards	SB 20, Section 2, line 27-32 BILL PASSED.	

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
7	Legislation Introduced	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.	HB 520, Section 3, line 183-192 BILL DID NOT PASS.	House & Senate FY24 budget note 62.10 (\$0, DBHDD): Disregarded by Governor note 64.10 (-\$932K, DBHDD): note 88.6 (-\$1M, DCH): Retained in Governor-approved budget
8	In Progress	Build data sharing capacity through the Georgia Data Analytics Center and by establishing a uniform process for data sharing across state government.	HB 520, Section 16, line 742-764 BILL DID NOT PASS SB 23, Section 13A-2, line 347-365 BILL PASSED BUT WAS VETOED	Executive Order: 09.01.23.02: Ordering the Georgia Data Analytic Center to Facilitate Data-Sharing Between Executive State Agencies House & Senate FY24 budget note 179.5 (-\$1.9M, DCH): Retained in Governor-approved budget
9	No Action Yet Taken	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.		
10	Legislation Introduced	Develop capacity to identify familiar faces by crafting state-level guidance to standardize and streamline information sharing.	HB 520, Section 3, line 167-173 BILL DID NOT PASS	
11	In Progress	Fund additional behavioral health crisis services to increase capacity of Georgia's crisis continuum of care.	HB 9, Section 1, line 23-26 BILL DID NOT CROSS OVER HB 520: Section 3, line 157-163 BILL DID NOT PASS.	House & Senate FY24 budget note 64.5 (\$6.29M, DBHDD) Retained in Governor-approved budget
12	Legislation Introduced	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	HB 520, Section 3, line 183-189 Section 6, line 278-282 BILL DID NOT PASS.	

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
13	No Action Yet Taken	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.		
14	Legislation Introduced	Establish a plan for Medicaid to allow a portion of funding to be used to address social determinants of health.	HB 38, Section 1, line 22-24 BILL DID NOT CROSS OVER.	BHRIC establishing a 2024 work group to study and put forth recommendations.
15	In Progress	Expand successful programs and services for children and adolescents	HB 520, Section 6, line 282-287 BILL DID NOT PASS.	House & Senate FY24 budget note 200.3 (\$15.22M, DHS) Retained in Governor-approved budget note 68.5 (\$1M, DBHDD) DISREGARDED IN GOVERNOR'S BUDGET
16	In Progress	Expand successful coordination practices between the criminal justice and behavioral health systems	HB 520, Section 6, line 314-316 BILL DID NOT PASS.	Inreach and AOT pilots are in the progress of determining the best course of action to complete this recommendation.
17	In Progress	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	Agency Action	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.	HB 520, Section 6, line 294-297 BILL DID NOT PASS.	BHRIC Forensic Taskforce under the Mental Health Courts was created to study these issues and recommend next steps.

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
19	No Action Yet Taken	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	No Action Yet Taken	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	No Action Yet Taken	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		
22	Legislation Introduced	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.	HB 520, Section 1, lines 59-66 BILL DID NOT PASS.	
23	Legislation Introduced	Use federal CMS guidance to expand Medicaid coverage for youth in DJJ custody from ages 18 to 21.	HB 520, Section 17, lines 905-906, 926 BILL DID NOT PASS.	
24	Legislation Introduced	Require DCH to reimburse for CPT code 90791, psychological diagnostic assessment.	HB 520, Section 17, lines 907-910 BILL DID NOT PASS.	House & Senate FY24 Budget line 95.8 (\$871,029) DISREGARDED IN GOVERNOR'S BUDGET
25	Legislation Introduced	Review and remove unnecessary restrictions on which practitioner levels are allowed to make a diagnosis for autism spectrum disorder.	HB 520, Section 17, lines 922-925 BILL DID NOT PASS.	
26	No Action Yet Taken	Create an executive leadership position (i.e., assistant commissioner) at DBHDD that focuses on child and adolescent mental health and substance abuse.		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
27	Legislation Introduced	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.	HB 520, Section 17, lines 914-916 BILL DID NOT PASS.	
28	Legislation Introduced	Require DCH to reimburse for licensed professional counselors (LPCs) at Federally Qualified Health Centers (FQHCs).	HB 520, Section 17, lines 905-906, 911-913 BILL DID NOT PASS.	House & Senate FY24 budget note 88.12 Retained in Governor-approved budget
29	Legislation Introduced	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.	HB 520, Section 17, lines 905-906, 927-931 BILL DID NOT PASS.	
30	Legislation Introduced	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	HB 520: Section 7, lines 344-399 BILL DID NOT PASS.	
31	No Action Yet Taken	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		

2023 BHRIC Recommendations with Detailed Legislative and Other Action

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
1	In Progress	Implement the Behavioral Health Rate Study Findings		House & Senate FY 25 budget note 15.3.5 Retained in Governor-approved budget
2	In Progress	Increase Medicaid Reimbursement Rates for the Behavioral Health Workforce		House & Senate FY 25 budget note 15.5.13 Retained in Governor-approved budget
3	In Progress	Offer competitive salaries to DBHDD workforce		
4	Legislation Introduced	Establish a loan forgiveness and loan repayment program for mental health professionals	SB 480 BILL PASSED HB 520 , HB 1077 BILL DID NOT PASS	
5	Legislation Introduced	Modernize Licensing Practices Across All Levels of the Behavioral Health Workforce	SB 481 , SB 283 , HB 1050 , HB 1096 BILL DID NOT PASS SB 373 , SB 377 BILL PASSED	
6	Legislation Introduced	Address the Shortage of Psychiatric Beds in Georgia: Utilize and Create Pathways for EmPATH Units	HB 913 BILL DID NOT PASS	
7	In Progress	Address the Shortage of Psychiatric Beds in Georgia: Identify a Pathway to Submit the Institutions for Mental Disease Waiver		
8	In progress	Optimize Use of Existing Psychiatric Beds		Georgia DBHDD Bed Capacity Study and Strategic Plan
9	In Progress	Establish a Plan for Medicaid to Allow a Portion of Funding to Be Used to Address Social Determinants of Health		BHRIC establishing a 2024 work group to study and put forth recommendations.

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
10	No Action Yet Taken	Encourage Georgia CSBs to adopt the Certified Community Behavioral Health Center model, which is designed to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age - including developmentally appropriate care for children and youth		
11	Budgetary & Agency Action	Expand the Apex program to more schools throughout Georgia. In addition, provide and expand access for tele-mental health access in schools and consider expanding the Apex program reach to rural areas by use of tele-mental health as part of a plan to expand school-based behavioral health services		House and Senate FY 25 budget note 15.9.6 Retained in Governor-approved budget
12	No Action Yet Taken	Expand and plan for future funding of the Georgia Mental Health Access in Pediatrics program		
13	In Progress	Implement strategies to improve communication and collaboration between the Division of Aging, the Public Guardianship Office, and DBHDD, including cross-agency training to understand the roles and limitations of each agency		BHRIC establishing a 2024 work group to study and put forth recommendations.
14	No Action Yet Taken	Establish a liaison to work and coordinate with the Division of Aging and the Public Guardianship Office for guidance and direction and to troubleshoot complex cases.		
15	In Progress	Expand and Study the Assisted Outpatient Treatment Program		
16	No Action Yet Taken	Funding to continue for five AOT pilot projects across the state		
17	No Action Yet Taken	Targeted training for all CSBs and treatment providers about the use of AOT		
18	In Progress	Studying AOT pilot site implementation to understand how each site utilizes funding to support staffing and operations		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
19	No Action Yet Taken	Conducting a study to inform building an additional AOT pilot project in conjunction with misdemeanor diversion		
20	No Action Yet Taken	Study and conduct an environmental scan to identify evidence-based and evidence-informed practices other states are utilizing for defining and implementing jail-based and outpatient restoration programs and diverting individuals with low-level criminal offenses from state hospitals		
21	No Action Yet Taken	Study and conduct an environmental scan to identify best practices for defendants with intellectual developmental disabilities or who have dementia and are currently not included in the code for involuntary commitment		
22	In Progress	Study and conduct an environmental scan of the use of alternative transportation options when directed by a 1013 form or order to apprehend. In addition to transportation, an environmental scan on evidence-based policies and evidence-informed practices to determine where a person is sent for crisis intervention, how it is determined, and who makes the determination should be conducted.		
23	No Action Yet Taken	Study the use of Children's Medical Services school-based services and Early Periodic Screening, Diagnostic and Treatment benefits in Georgia to identify and address gaps in service provision		
24	No Action Yet Taken	Study and evaluate the findings of the report currently being conducted that reviews Juvenile Justice Court resources and best practices on behalf of the Forensic Competency Advisory Committee		
25	Legislation Passed	Refine Policies and Practices Impacting Adults: Amend OCGA Section 50-14-1 to allow for telephonic CSB board meetings. Subsection (f) provides that "an agency with statewide jurisdiction or committee of such agency shall be authorized to conduct meetings by teleconference, provided that any such meeting is conducted in compliance with this chapter		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
26	No Action Yet Taken	Refine Policies and Practices Impacting Adults: Based on Georgia Code, OCGA Section 31-6-1, update Certificate of Need program to allow for the creation of EmPATH units		
27	In Progress	Refine Policies Impacting Access to Services for Children and Adolescents: Revise DCH requirements for tuberculosis symptoms screening to allow nonmedical professionals, who are qualified, to complete substance use assessments for intake of children and adolescents who need substance abuse treatment		CABH subcommittee chairs met with DCH to discuss. DCH provided a review of the law and how it can be interpreted to allow this while in compliance. DCH offered to provide language guidance on website.
28	No Action Yet Taken	Refine Policies Impacting Access to Services for Children and Adolescents: Eliminate the requirement for prevention/early intervention, Level 1 (Outpatient), or Level 2 (Intensive outpatient/partial hospitalization) treatment modalities		
29	No Action Yet Taken	Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Amend OCGA Section 37-3-42(a)(2) and OCGA Section 37-7-42(a)(2) to specifically reference back to OCGA Section 37-3-4 and OCGA Section 37-7-5 to clarify transportation liability concerns for law enforcement		
30	No Action Yet Taken	Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Amend OCGA Section 37-3-42(a)(2) and OCGA Section 37-7-42(a)(2) to clarify the definition of <i>physician</i> in paragraph (2). Suggested amended language can be found in the Involuntary Commitment Subcommittee report.		

	Status	Recommendation	Legislative Action	Budgetary & Agency Action
31	Legislation Introduced	Refine Policies and Practices Impacting Services for Persons Involved in the Criminal Justice and Behavioral Health Systems: Revise language within the restoration statute to clearly identify that DBHDD has three options for the provision of restoration services: outpatient, jail-based, and inpatient. DBHDD will determine the most appropriate setting for the delivery of restoration services for each individual. If DBHDD recommends provision of outpatient restoration services, the presiding judge will determine whether the defendant is eligible for bond	SB 533 BILL PASSED HB 520 BILL DID NOT PASS	

HOSPITAL AND SHORT-TERM CARE FACILITIES SUBCOMMITTEE

Presenters:

Dr. John Constantino, Chief of Behavioral Health at Children's Healthcare of Atlanta and
Vice Chair, Department of Pediatrics, Professor of Psychiatry and Behavioral Sciences,
Emory University School of Medicine

Tammy Bamlett Sherman, Vice President, Behavioral & Mental Health Center, Children's
Healthcare of Atlanta



Children'sSM
Healthcare of Atlanta

Clinical Data Accrual Relevant to Child Mental Health

John N. Constantino, MD

*Liz and Frank Blake Chair and Chief, Center for Behavioral and Mental Health, Children's Healthcare of Atlanta
Departments of Pediatrics, Psychiatry & Behavioral Sciences, and Genetics, Emory University School of Medicine*



Center for Behavioral and Mental Health at Children's Healthcare of Atlanta



In late 2020, the federal *Strengthening Behavioral Health Parity Act* (SBHPA, H.R. 7539) was passed, includes provisions to ensure adequate capacity to deliver medically necessary mental health services to the members of the insurance network.



In 2022, the Legislature of the State of Georgia unanimously passed H.B. 1013 to enforce federal mental health parity law

BMH at Children's as a Learning Health System

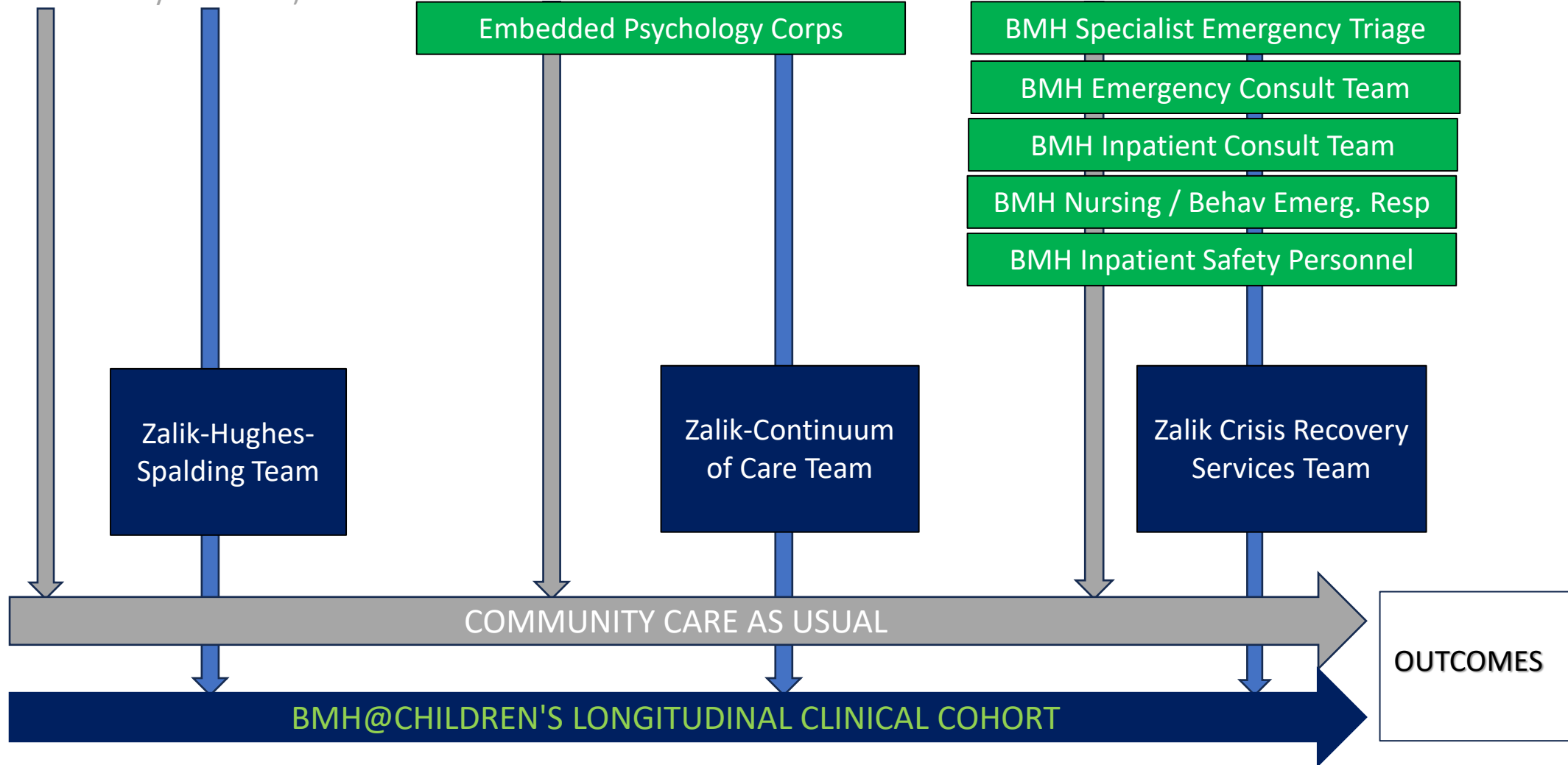


1,000 annual newborns,
16,000 total children in
a primary care practice
(90% insured by Medicaid)

4,000 annual referrals of children from a
pool of ~444,000 per year receiving
Children's pediatric specialty care
(60% insured by Medicaid)

6,000 annual E.D. presentations for behavioral
crisis (13% admitted to medical floors)
(70% insured by Medicaid)

Receives
versus does
not receive
complete
continuum
of evidence-
based, trans-
disciplinary
outpatient
MH Care



I. Outpatient BMH Services (Zalik Center)

Evidenced Based Treatment		
Treatment	Total Reported	% of Total Reported
(Psychological) (CBT) Cognitive behavioral therapy	45	13%
(Psychological) (CBT) Trauma-focused Cognitive Behavioral Therapy	22	7%
(Developmental) (ABA) Applied Behavior Analysis – Behavioral Intervention; Positive Behavior Support	22	7%
(Psychological) (PCIT) Parent-Child Interactional Therapy	21	6%
(Psychological) Behavior therapy	15	4%
(Psychological) (FFT) Functional Family Therapy	15	4%
(Psychological) Family therapy	12	4%
(Developmental) (ABA) Applied Behavior Analysis – Developmental Therapy	11	3%
(Social Support) In-home wrap-around services	10	3%
(Social Support) Parenting Education	9	3%
(Biological) Psychopharmacology / Medication Management	8	2%
(Psychological) Exposure and Response Prevention (ERP)	8	2%
(Developmental) (FBA) Functional Behavioral Assessment	8	2%
(Psychological) (DBT) Dialectical behavior therapy	7	2%
(Psychological) Eating Disorder Treatment	7	2%
(Psychological) (CPP) Child Parent Psychotherapy	7	2%
(Social Support) (ICM) Intensive Case Management for Social Determinants of Mental Health Condition	7	2%
(Psychological) (IOP) Intensive Outpatient Program	7	2%
(Psychological) Psychological Testing	6	2%
(Social Support) (IEP) Individualized Education Program Advocacy	5	1%
(Psychological) Habit Reversal Training	5	1%
(Social Support) (IFI) Intensive Family Intervention	4	1%
(Social Support) Case Management	4	1%
(Psychological) Expressive Therapy (Art/Music)	4	1%
(Biological) Dietician	3	1%
(Social Support) External Social Service Referral Needed	3	1%
(Developmental) (ST) Speech Therapy	3	1%
(Developmental) Augmentative & Alternative Communication	3	1%
(Social Support) Support Groups	3	1%
(Psychological) Addiction Counseling	3	1%
(Developmental) Social Skills Training	3	1%
(Biological) Detox	2	1%
(Biological) (EMDR) Eye Movement Desensitization and Reprocessing	2	1%
(Psychological) Psychiatric Residential Treatment Facility Placement	2	1%
(Psychological) (CAMS) Collaborative Assessment and Management of Suicidality	2	1%
(Developmental) (OT) Occupational Therapy	2	1%
(Social Support) Homebound Education	1	0%
(Psychological) (PHP) Partial Hospitalization Program	1	0%
(Psychological) Interpersonal psychotherapy	1	0%
(Psychological) Acceptance and Commitment Therapy	1	0%
(Psychological) Family Based Therapy for Eating Disorder	1	0%
(Psychological) Group Therapy	1	0%
(Developmental) (PT) Physical Therapy	1	0%
(Developmental) (FCT) Functional Communication Training	1	0%
(Biological) Denial of Necessary Pharmaceuticals	1	0%
(Biological) (ECT) Electroconvulsive Therapy	0	0%
(Biological) (TMS) Transcranial Magnetic Stimulation	0	0%
(Biological) Medication Assisted Treatment for Substance Abuse	0	0%
(Social Support) (S4L) Strong 4 Life Referral	0	0%
(Psychological) Core In-Home	0	0%
(Psychological) Multisystemic therapy	0	0%
OTHER / NEED TO UPDATE / SPECIFY	26	8%
Total Reported	335	100%



Our psychiatry providers identified 335 unmet BMH needs for 190 of our first 982 patients through May 1, 2024.



Unmet needs are identified as the medically necessary components of the psychiatry care plan that the patient has not been able to acquire.



Largest unmet need is in evidence-based therapy services.



Two third of the unmet needs are for Medicaid and CMO patients; and one third for commercially and other insured patients. This is representative of the payor mix at the Zalik Center.



In-depth analysis of initial cohort is in progress. Data accrual rate going forward: 5,000 children per year.



II. Children in Crisis: ED Visits

Evidence-Based Treatments

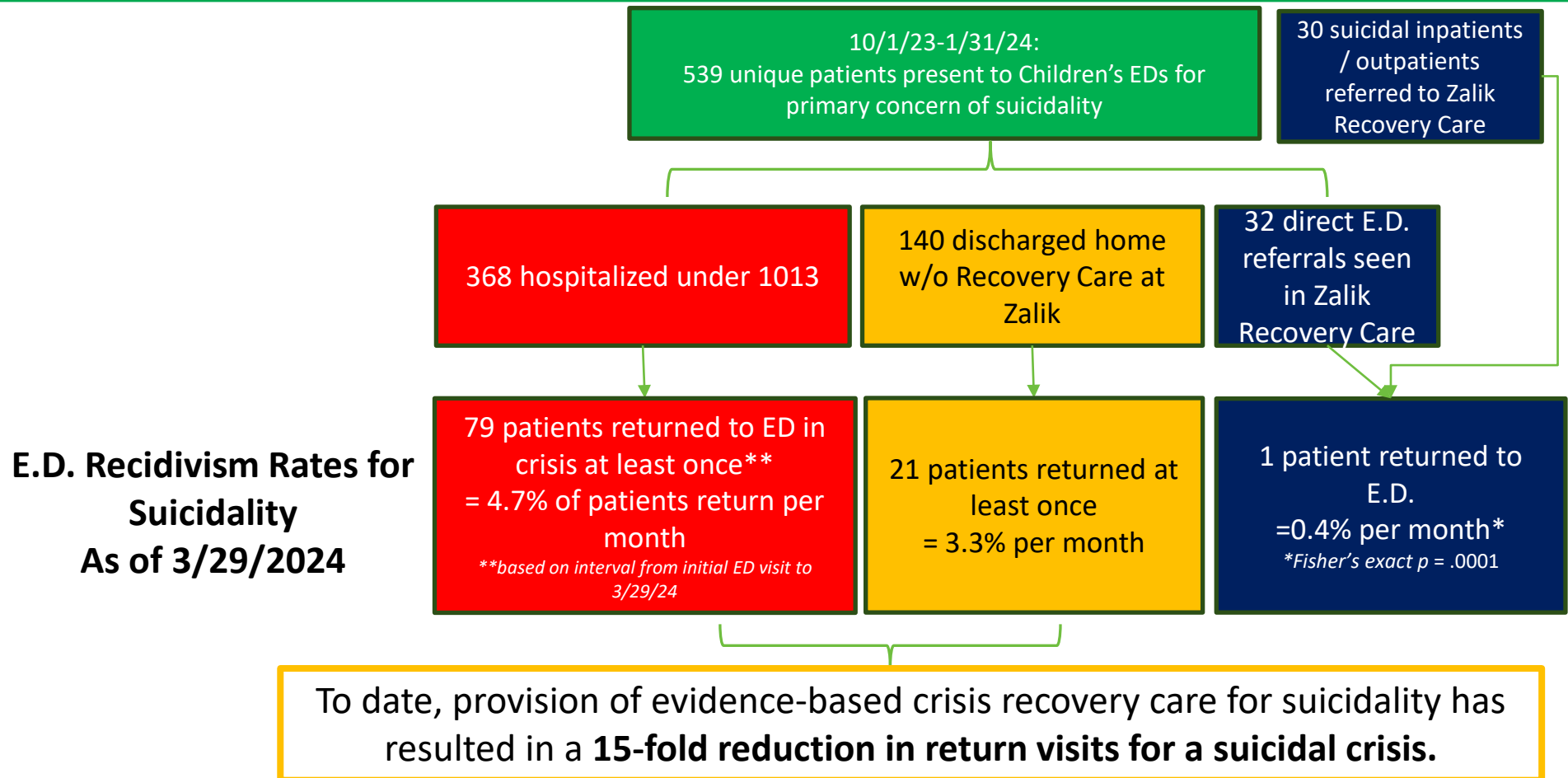
Treatment Type
<ul style="list-style-type: none">•Behavior Therapy•Cognitive Behavioral Therapy (CBT)•Trauma-focused CBT•Other Individual Psychotherapy•Family Therapy•Multisystemic therapy•Parent-Child Interactional Therapy (PCIT)•Child Parent Psychotherapy (CPP)•Dialectical Behavior Therapy (DBT)•Interpersonal Psychotherapy•Addictions Counseling or DETOX•In-home wrap-around services•Intensive Case Management•Psychopharmacology/Medication Management•Electroconvulsive Therapy (ECT)•Transcranial Magnetic Stimulation (TMS)

Ascertainment of Mental Health Services

- Over the past year, there were more than 4,500 encounters representing about 3,300 unique patients in the Children’s Emergency Departments (ED) for behavioral crises.
- 632 unique patients had multiple visits for behavioral crisis, comprising 1,875 ED behavioral crisis visits.
- At each visit, it is determined whether any of the listed evidence-based mental health treatments have ever been obtained or obtained since the last ED visit.
- For 186 kids who had 2 visits for behavioral crisis, 24% (45) were not receiving treatment at the time of either the first or the second visit.



III. Children In Crisis: ED Recidivism Rates: Suicidality



Preliminary data on impact of DBT-based suicide recovery (Hope Institute guided Collaborative Assessment and Management of Suicidality +/- psychopharm) for patients presenting with suicidal crises Oct 2023 – Jan 2024 and followed through March of 2024

*estimated cost of ED visit

Preliminary Conclusions



Commercially and government insured patients both need **access** to evidence-based medically necessary BMH care.



Where new psychiatry services are being provided, a significant number of care plans are not fully executed. A critical priority is **Cognitive Behavioral Therapy (CBT)**



To date, provision of evidence-based crisis recovery care for suicidality has resulted in **15-fold reduction in return ER visits for suicidal crisis.**



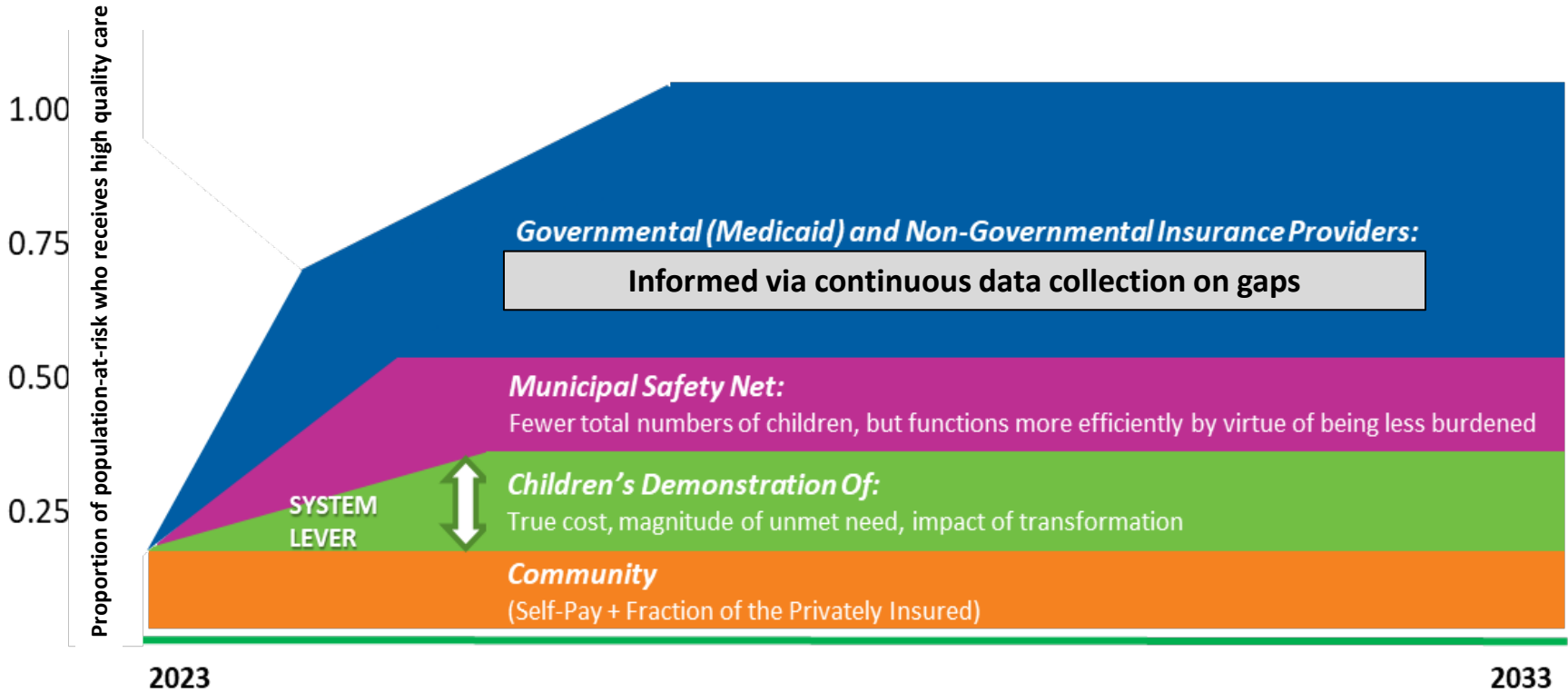
The entirety of the BMH expansion at Children's is **designed as a learning health system** for child mental health in which cost and impact are continuously monitored in comparison to care as usual.

Roadmap to Child Mental Health Parity in Georgia

TRANSLATIONS

**Bridging the Divide Between Health and Mental Health:
New Opportunity for Parity in Childhood**

John N. Constantino, MD  *J Am Acad Child Adolesc Psychiatry* 2023 Nov;62(11):1182-1184



- In approximate order of anticipated public health impact
- **Priority 1:** Suicide crisis recovery
 - **Priority 2:** Portfolio of support of young families to prevent adverse early life experience and its consequences (including early disruptive behavior trajectories)
 - **Priority 3:** Parental mental health care
 - **Priority 4:** Comprehensive treatment at earliest origin of mood / anxiety disorders
 - **Priority 5:** Early substance use disorder treatment

Opportunities

- It is increasingly possible to **specify populations of children most likely to benefit** from enhancement in capacity for components of medically necessary mental healthcare, e.g., children presenting for the first time in a suicidal crisis.
- **Revise both reimbursement and compensation structures** to attract workforce into the mental health ecosystem, so that there are enough providers **motivated to accept third party reimbursement rates** to ultimately shift the balance of cash only mental health care providers and those who take insurance.

Questions?



CHILDREN AND ADOLESCENT BEHAVIORAL HEALTH SUBCOMMITTEE

Presenters:

Dante Mckay, JD, MPA, Director of Office of Children, Young Adults & Families

Behavioral Health Reform and Innovation Commission

BE D·B·H·D·D

**Georgia Department of Behavioral Health &
Developmental Disabilities**

Danté McKay
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Division of Behavioral Health
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June 10, 2024



Today's Updates

Georgia Apex Program and telemedicine expansion

Multi-agency Treatment for Children (MATCH)

Georgia's System of Care State Plan

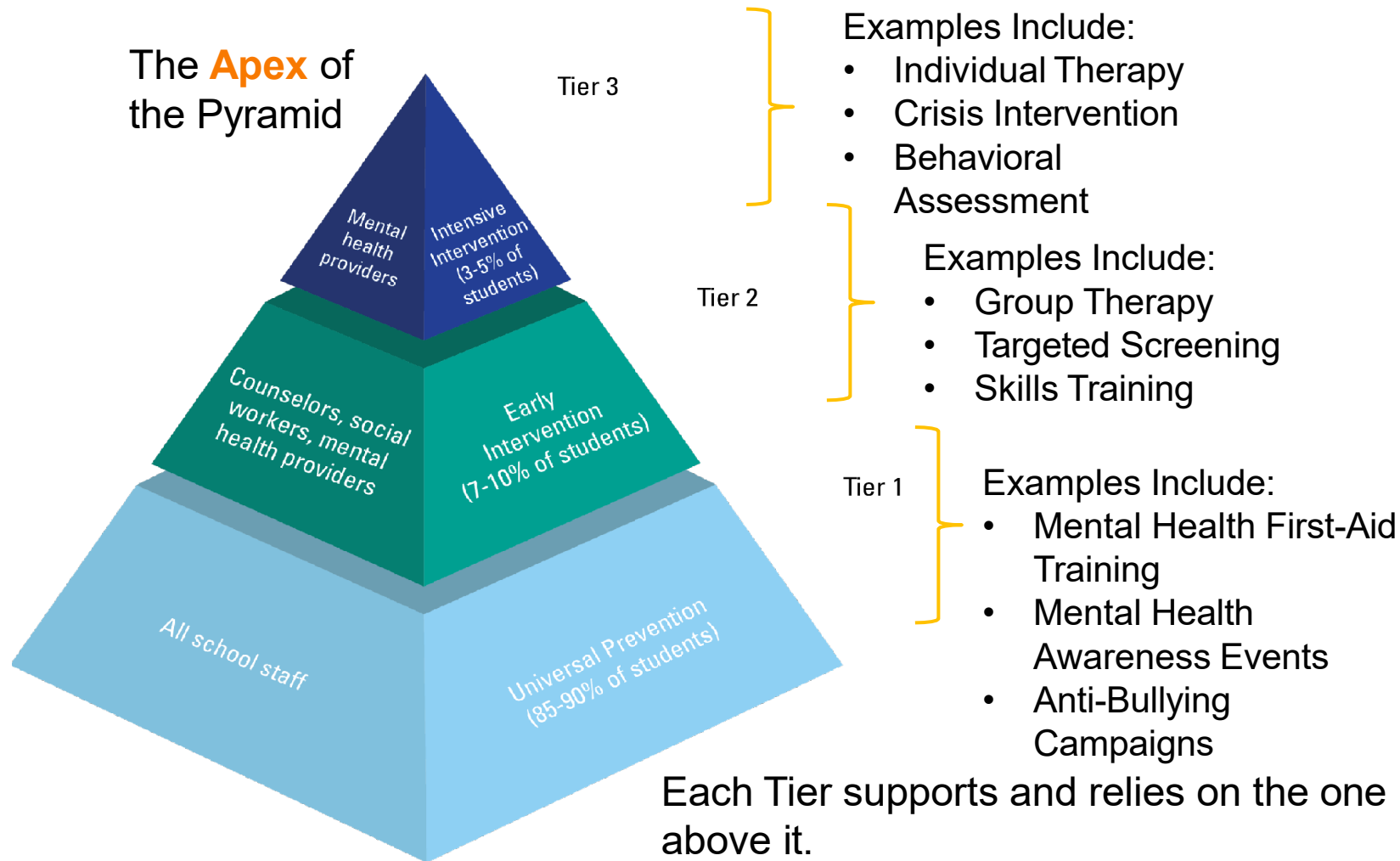
Georgia Apex Program:
Celebrating 10 Years of
Collaboration With
Georgia Schools

Apex Programmatic Goals

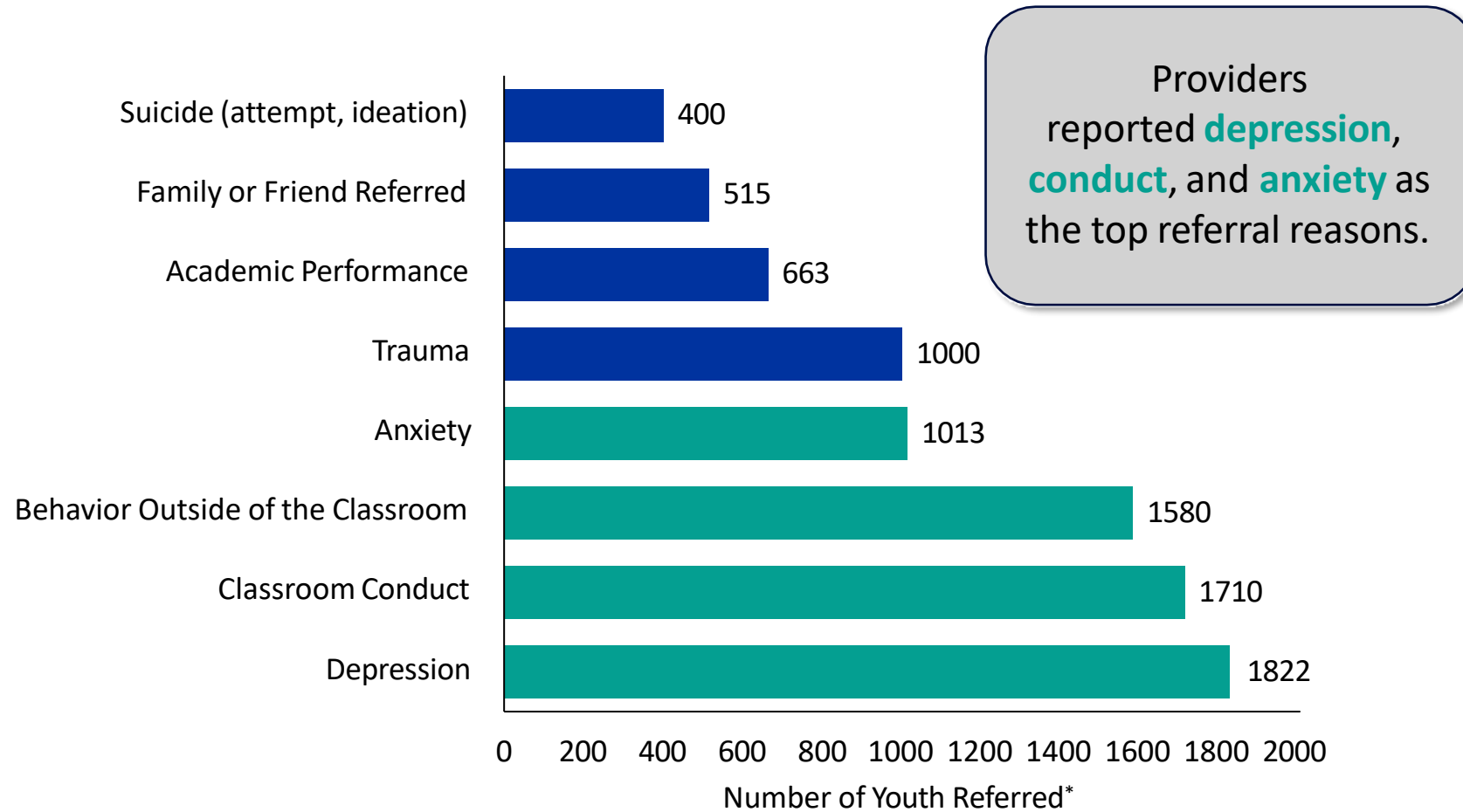
- **Detection:**
Provide early detection of child and adolescent behavioral health needs
- **Access:**
Increase access to mental health services for children and youth
- **Coordination:**
Sustain coordination between Georgia's community mental health providers and local schools/school districts in their service areas



Core Apex Model (Three-Tiers)



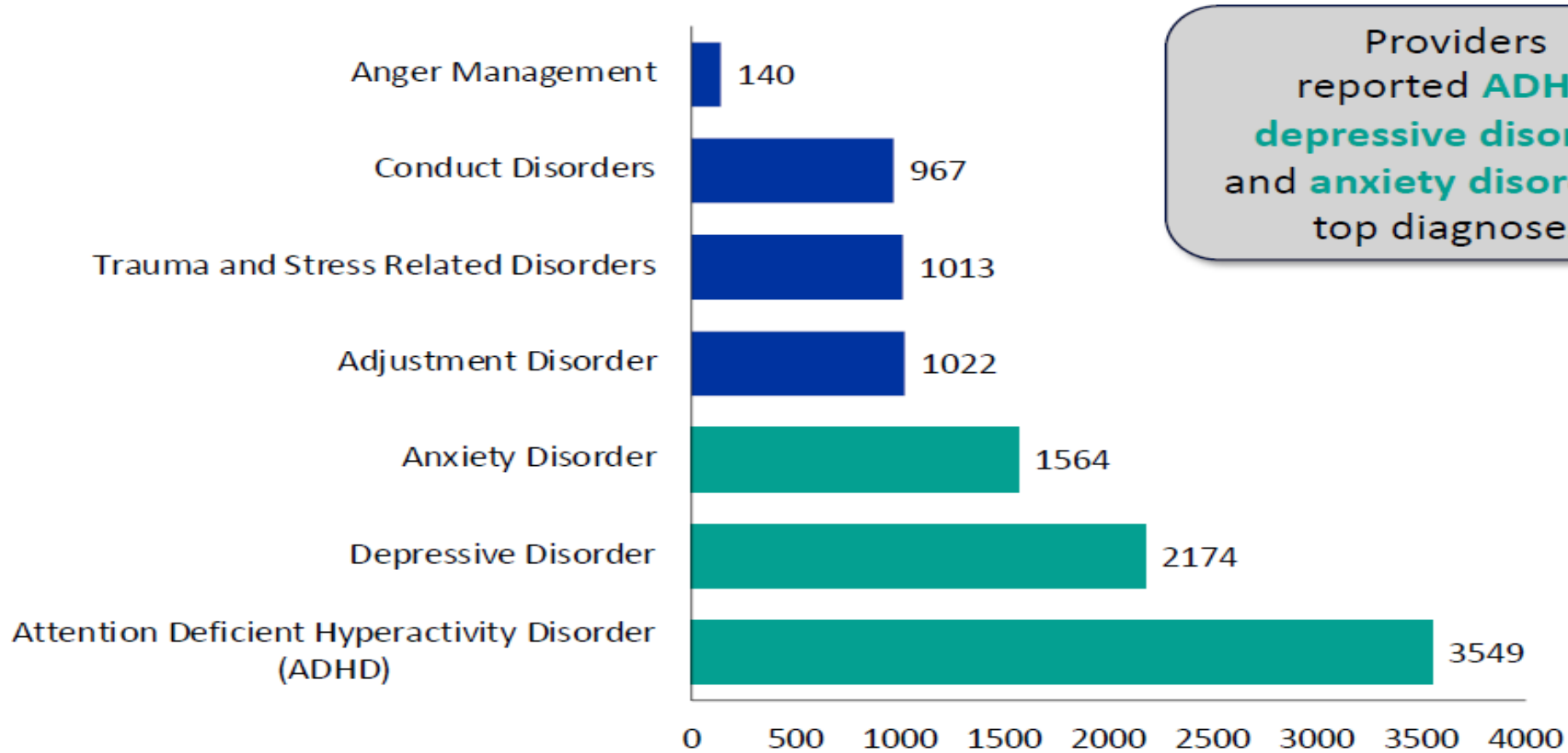
Apex Referral Reasons



*The number of youth referred in each category is not the total number of youth referred; providers are asked to list numbers for their top three referral reasons only

Source: YES 2023

Apex Student Diagnoses



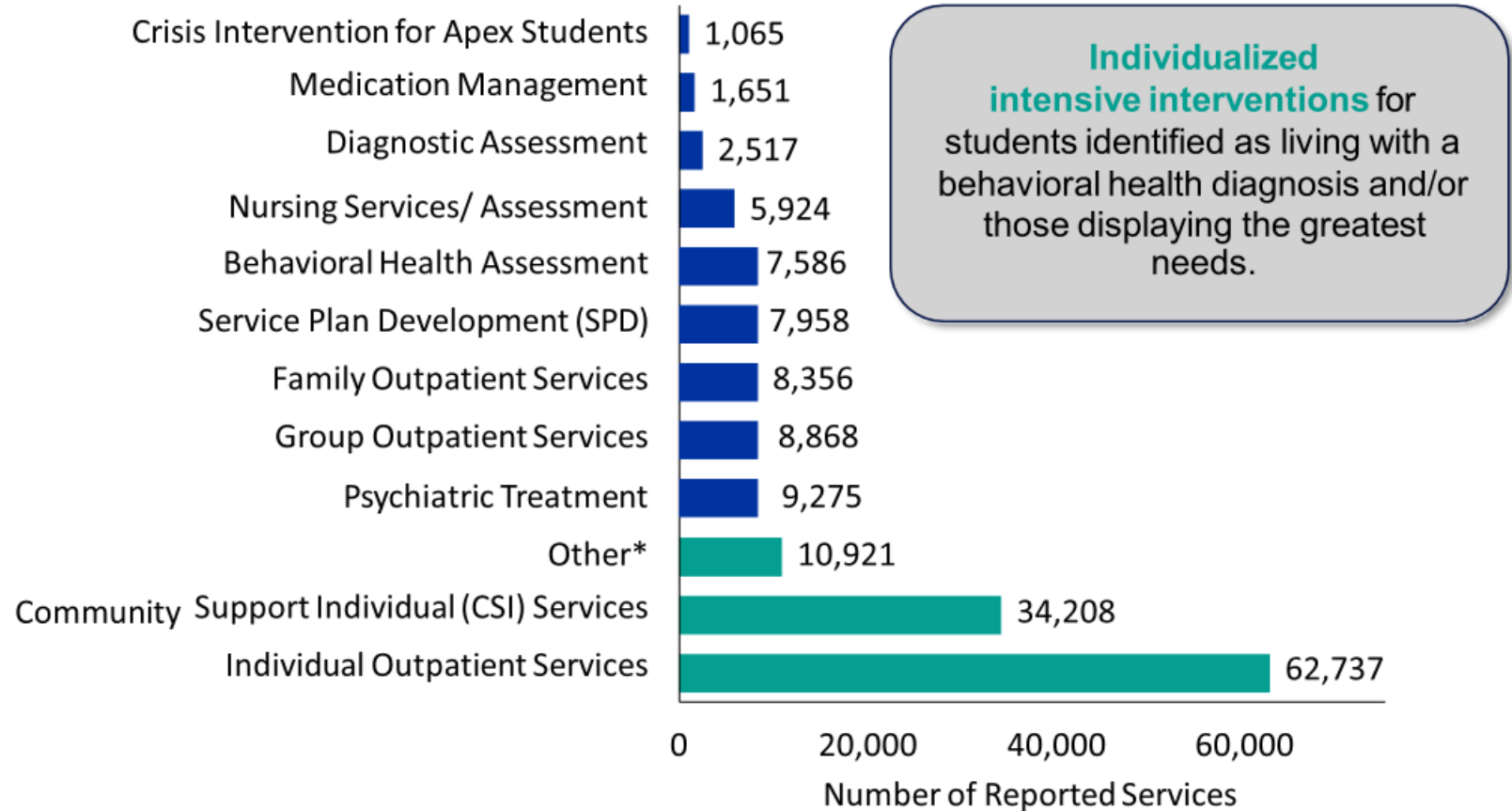
Providers reported **ADHD**, **depressive disorder**, and **anxiety disorder** as top diagnoses.



*The number of youth diagnosed in each category is not the total number of youth diagnosed, providers are asked to list numbers for their top three diagnoses only

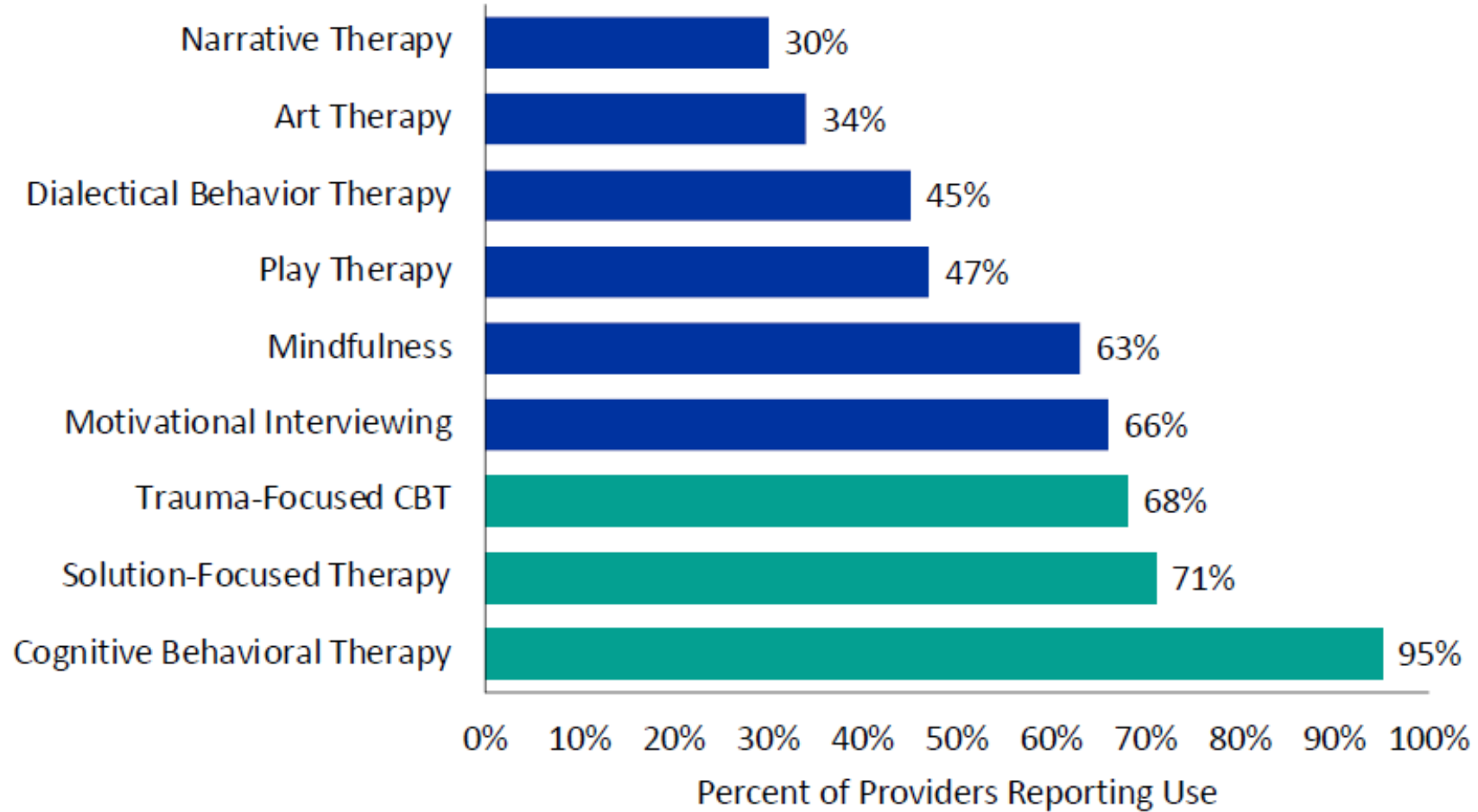
Source: YES

Tier 3 – Intensive Interventions



*Other (Including Intensive Customized Care Coordination, Intensive Family Interventions, & RTI Assessment and Referral Services)

Evidenced-based Practices Implemented



Source: YES 2023

Apex Telemedicine Expansion



During the 2024 legislative session, lawmakers added **\$1 million to the FY 2025 Apex budget to expand telemedicine services.**

Three models are under consideration:

1. Contract with DBHDD enrolled core provider(s) with telemedicine capacity
2. Direct grants to school districts
3. Direct grants to Regional Education Service Agencies (RESAs)

Multi-Agency Treatment for Children (MATCH): Progress Update on Committee Recommendations

MATCH: Founding Legislation (House Bill 1013)

- The state MATCH team shall facilitate collaboration across state agencies to **explore resources and solutions for complex and unmet treatment needs for children** in this state and to provide for solutions, including both public and private providers, as necessary.
- The state agencies and entities represented on the state MATCH team shall coordinate with each other and **take all reasonable steps necessary to provide for collaboration and coordination** to facilitate the purpose of the state MATCH team.

MATCH Planning Committee Recommendations (May 2023)

VISION: Georgia's children and youth with complex behavioral health challenges, and their families, will receive the services and supports **when, where and how they need them**, with attention to cultural and linguistic needs:

- **Access to a pool of available funds** to enable the provision of treatment services in a timely manner for children and youth with complex treatment needs that are not met at the local level.
 - **Designated authority to make temporary exceptions** to identified state policies and regulations that create barriers to accessing the most appropriate treatment options that are not met at the local level.
 - **Document state policies and regulations that are found to create barriers** to needed treatment options in order that required exceptions do not become the default solution in lieu of implementing systems change.
 - Adequately invest in MATCH infrastructure (**staff and technology**).
 - Test MATCH structure and process using **pilot projects** prior to full roll-out.
 - Incorporate the **voices** of key state and local stakeholders into the design of MATCH.
 - **Avoid** creating an alternate or additional bureaucracy.
- 

MATCH Planning Committee Recommendations (May 2023)

Phase I

State-level MATCH Infrastructure

- Behavioral Health Coordinating Council ✓
- State MATCH Team ✓
- State MATCH Clinical Team ✓

Phase II

Pathway to Care

O.C.G.A. § 49-5-225

Local Interagency Planning Teams (LIPTs)

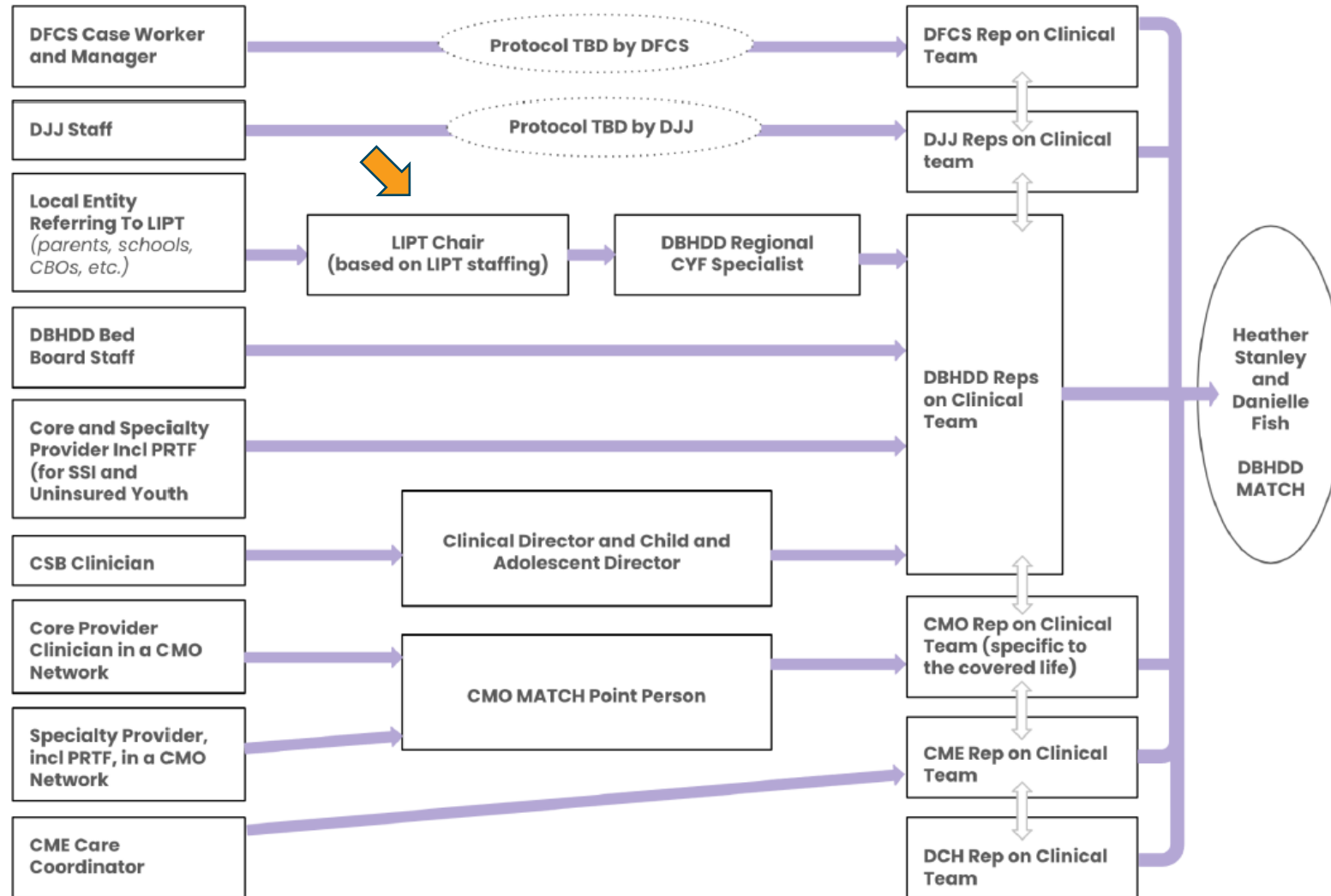
Mandated members:

- Community mental health agency
- Division of Family & Children Services
- Department of Juvenile Justice
- Department of Public Health
- Local Education Agency
- Georgia Vocational Rehabilitation Agency

MATCH Clinical Team (MCT)

- Comprised of clinicians, certified peer specialists, and administrators, from the state agencies, family support organizations, and DBHDD safety net providers (DBHDD, DFCS, DJJ, DCH, DOE, care management entities, family support organizations)
- Staffed by DBHDD MATCH program staff.
- Review and recommend supports and services for referrals of children and youth whose complex behavioral treatment needs could not be met at the local level, determine and implement the best course of action to immediately address needs.
- Holds standing meeting every two weeks, and emergency meetings as needed.
- Complete after-action report for each youth staffed.
- Collect and evaluate data.

MATCH No “Wrong Door” Referral Pathway



MATCH Continuum of Care

Continuum of Care			
In-Home with Guardian Support	Out-of-Home, Reunification not an Option	Step-Down	Community (Long-Term)
Urgent Care (MATCH)		Transitional Home Pilot (MATCH)	BRIGHT Homes (DBHDD)
Emergency Department Pilot (MATCH)			
High-Fidelity Wraparound (DBHDD)			
Respite (DBHDD)			

- **Urgent Care** - To address gaps or system barriers. (e.g., intensive in-home, housing)
- **Emergency Department (ED) Pilot** - To embed connection coordinators (View Point Health) within the ED at Children’s Healthcare of Atlanta to reduce boarding and speed access to care.
- **Devereux Transitional Home** - To provide transitional support for males between the ages of 18 and 21 with a diagnosis of an intellectual disability with concurrent serious behavioral and psychiatric concerns and/or Autism Spectrum Disorder.

MATCH Pilot Updates

Agency	Intervention Type	Stage
Urgent Care Funds (\$5,762,556)		
Unite Us	Care coordination IT platform	Contract in development
Positive Growth	Housing + Treatment	Contract in development
Wellroot	Intensive in home, in community	Implementing
Youth Villages	Intensive in home, in community	Contract in development
Murphy-Harpst	Respite	Contract in development
Hillside	Urgent care beds	Contract in development
Other Projects (\$3,237,444)		
CHOA/VPH	Emergency department pilot	MOA finalized, implementation to begin soon
Devereux	Step down treatment program	Implementing

Child and Adolescent Strategic Plan



Behavioral Health
Coordinating Council



MATCH
Clinical Committee



mindworks

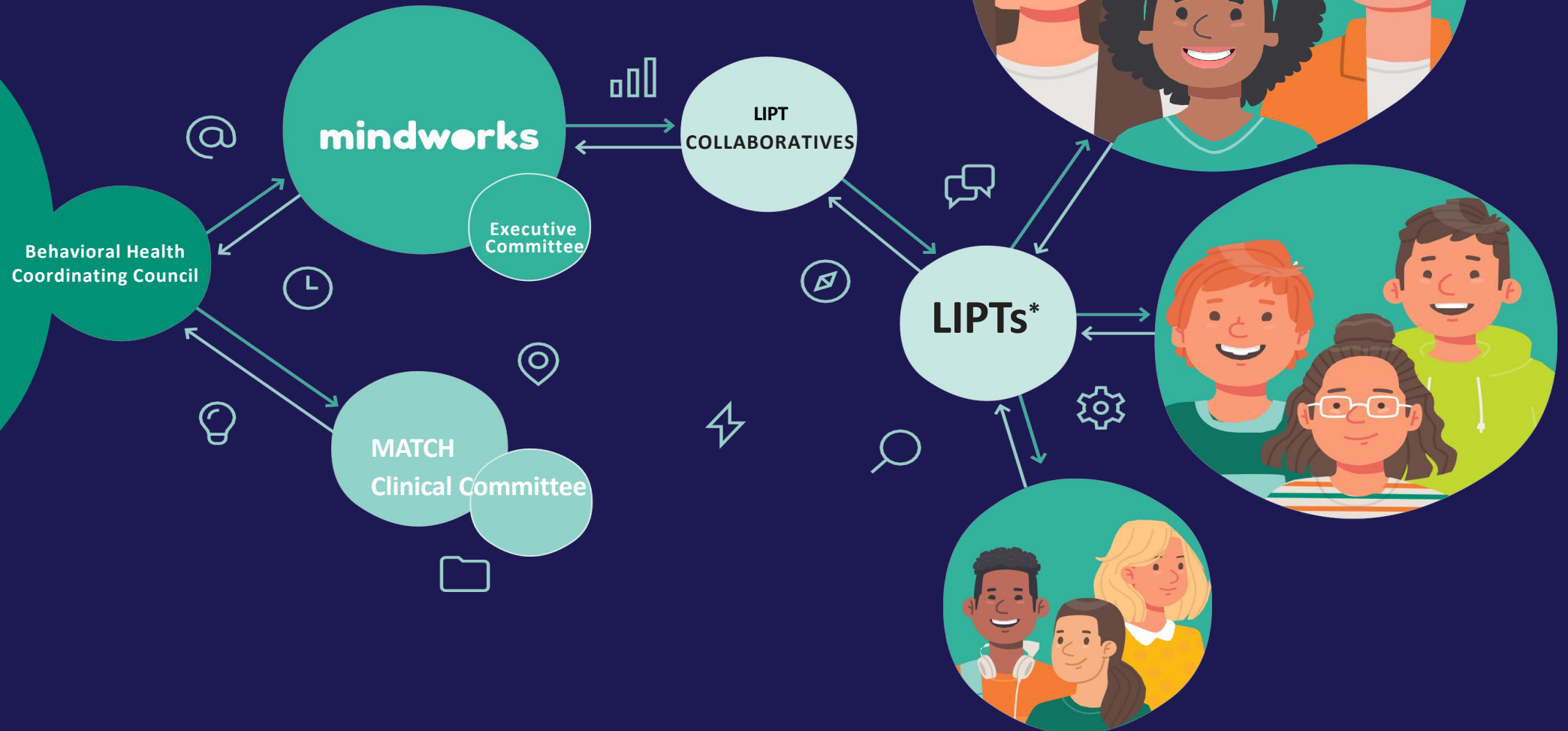
Executive
Committee



LIPT
COLLABORATIVES



LIPTs*



Collaborators – Georgia Non-profits

- American Academy of Pediatrics - Georgia Chapter
- Appleseed Center for Law and Justice
- Association of Community Service Boards
- Early Education Alliance for Ready Students
- Family Connection Partnership
- Head Start Association
- Parent Support Network
- Jesse Parker Williams Foundation
- Mental Health America of Georgia
- National Alliance on Mental Illness
- Resilient Georgia
- Robert W. Woodruff Foundation
- Silence the Shame
- The Carter Center
- Together Georgia
- United Way of Greater Atlanta
- Voices for Georgia's Children

Collaborators – Georgia State Agencies

- Council of Juvenile Court Judges
- Department of Behavioral Health and Developmental Disabilities
- Department of Community Health
- Department of Early Care and Learning
- Department of Education
- Department of Human Services
- Department of Juvenile Justice
- Department of Public Health
- Vocational Rehabilitation Agency

Collaborators – Additional Partners

- Care Management Entities (CME)
 - Aspire CME, CSB of Middle Georgia CME, View Point Health CME, WinGeorgia CME Universities
- Family/Youth Agencies
 - Georgia Superior Court Clerks' Cooperative Authority, and Juvenile Court of Cobb County
- Managed Care Organizations
 - Amerigroup, CareSource, and Peach State Health Plan
- Federal Partners
 - Centers for Disease Control and Prevention
- Children's Health System
 - Children's Healthcare of Atlanta

Equitable Access

Goal

Advance behavioral health equity by elevating evidence-based policies that address disparities, access to services, and work to ensure that every individual can be as healthy as possible.

Objectives

1. Increase awareness of and counteract stigma towards mental health and substance-use disorders.
2. Reduce barriers to care.
3. Advance expanded roles and capacity of child-serving state agencies and community-based organizations in prevention and early intervention.

Sustainable Workforce

Goal

Advance the development of resources, policies, and innovative solutions to recruit, develop, retain, and diversify Georgia's behavioral health workforce.

Objectives

1. Foster a vibrant and diverse behavioral health workforce.
2. Enhance professional capacity building
3. Assess behavioral health workforce needs.

Whole-Person Health

Goal

Advance endeavors that fundamentally restructure the way care is delivered to support better outcomes and experiences for children and young adults who need access to quality behavioral health services.

Objectives

1. Increase care coordination to ensure that children and families can move seamlessly across the continuum of care.
2. Expand the integration of mental health services and primary-care across the state.

Purposeful Funding

Goal

Explore opportunities to diversify funding and generate new revenue, including leveraging Medicaid programs to innovate behavioral health coverage, delivery, and payment models to reach Georgia's families with disproportionately high needs.

Objectives

1. Expand revenue generation.
2. Increase diversity of funding and revenue sources.
3. Foster shared alignment and accountability.

System Evaluation

Goal

Advance evidence-based decision making and ongoing evaluation to enhance Georgia's System of Care services and supports.

Objectives

1. Improve mental-health and substance-use services by enhancing program monitoring, evaluation, and continuous quality improvement activities.
2. Monitor and analyze care management organization data.

Mindworks Georgia Contact Info

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- www.mindworksga.org

Follow DBHDD...



Thank you!

Behavioral Health Reform and Innovation Commission

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Danté McKay
Director, Office of Children, Young Adults & Families
Division of Behavioral Health
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June 10, 2024



INVOLUNTARY COMMITMENT SUBCOMMITTEE

Presenters:

Mike Bailey, Georgia Pines AOT Program

Christy Doyle, Senior Research Associate, Georgia Health Policy Center

June BHRIC Meeting

Assisted Outpatient Treatment




What Is Assisted Outpatient Treatment (AOT)?

- The practice of providing court-ordered community-based mental health treatment under a civil commitment to individuals living with serious mental illness who are deemed to be a danger to themselves or others.
- AOT can facilitate engagement in treatment services.



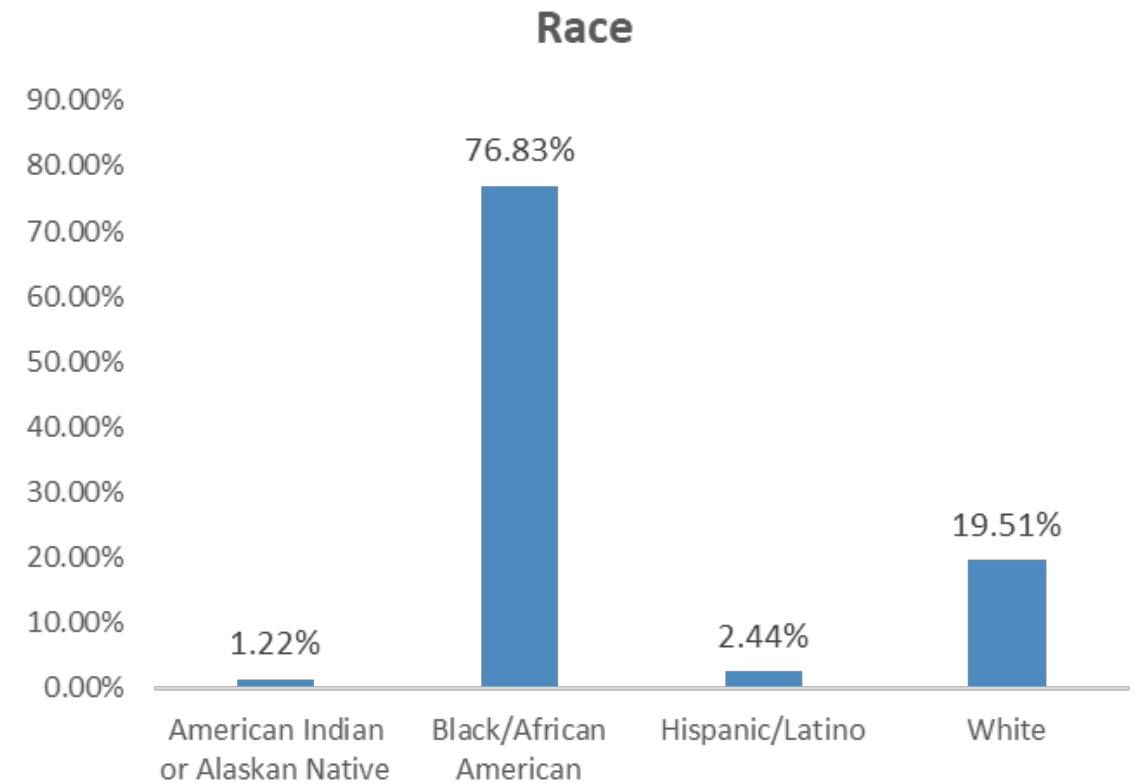
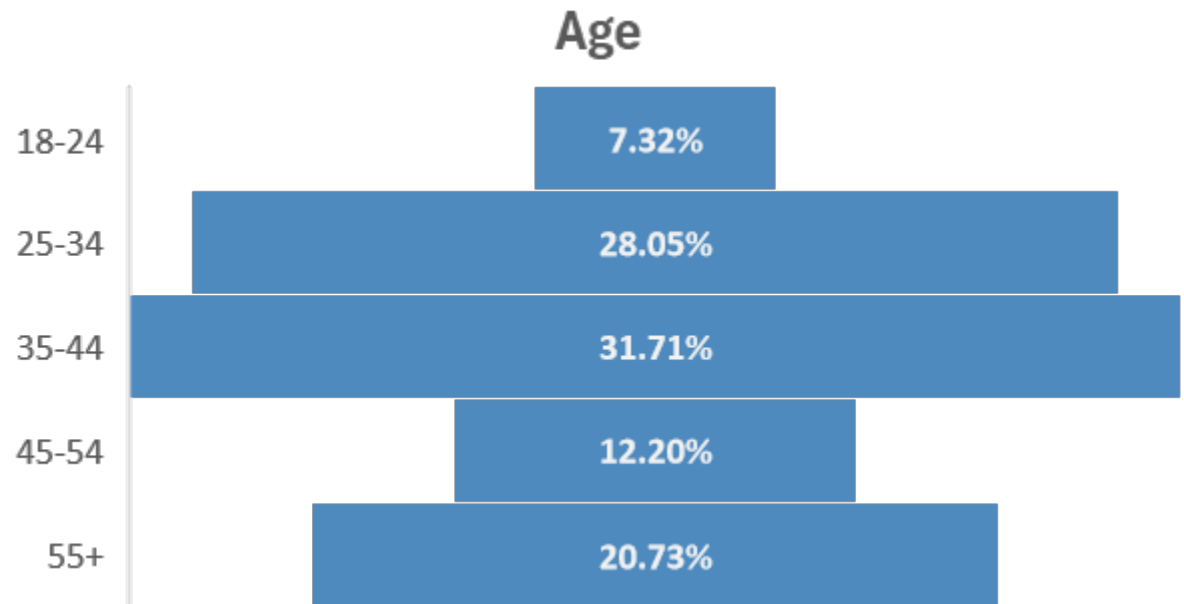
AOT in Georgia

- Overview of Sites
 - Differences in sites
 - Staff variations
 - Program models
 - Data Collection
 - Challenges
- 

Enrollments - As of April 18, 2024

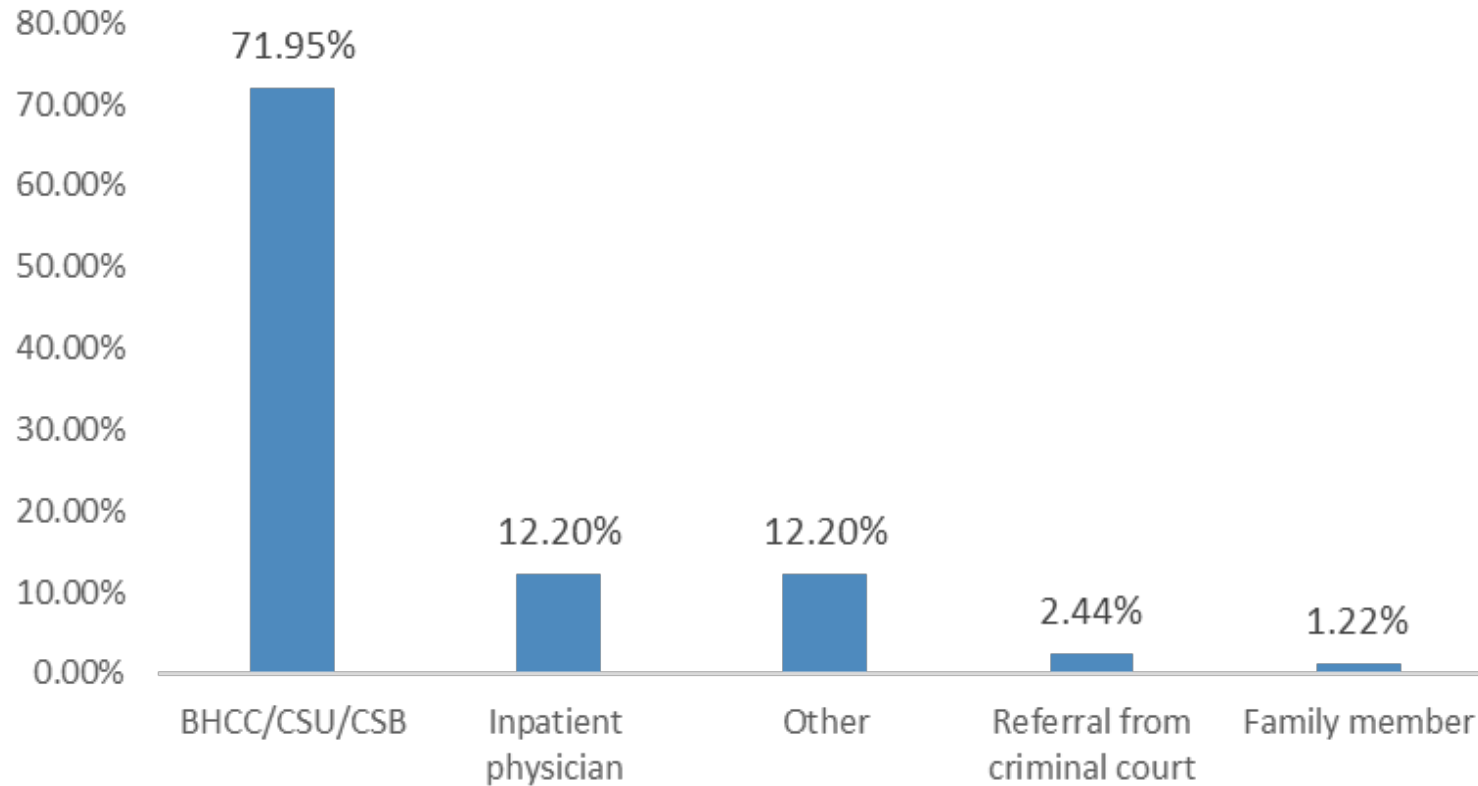
Site	Enrolled	Discharged	Total
AmericanWork (Augusta)	18	3	15
Georgia Pines (Thomasville)	27	6	21
New Horizons (Columbus)	34	3	31
ALL SITES COMBINED	79	12	67

Demographics – Age and Race

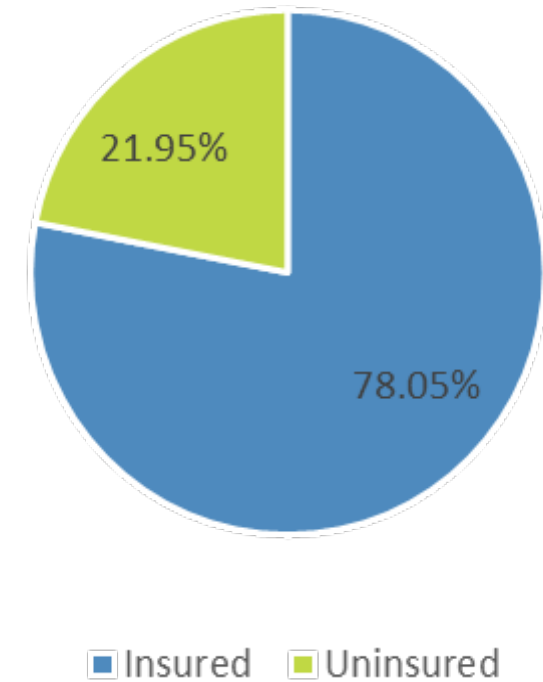


Referral Sources and Insurance Status

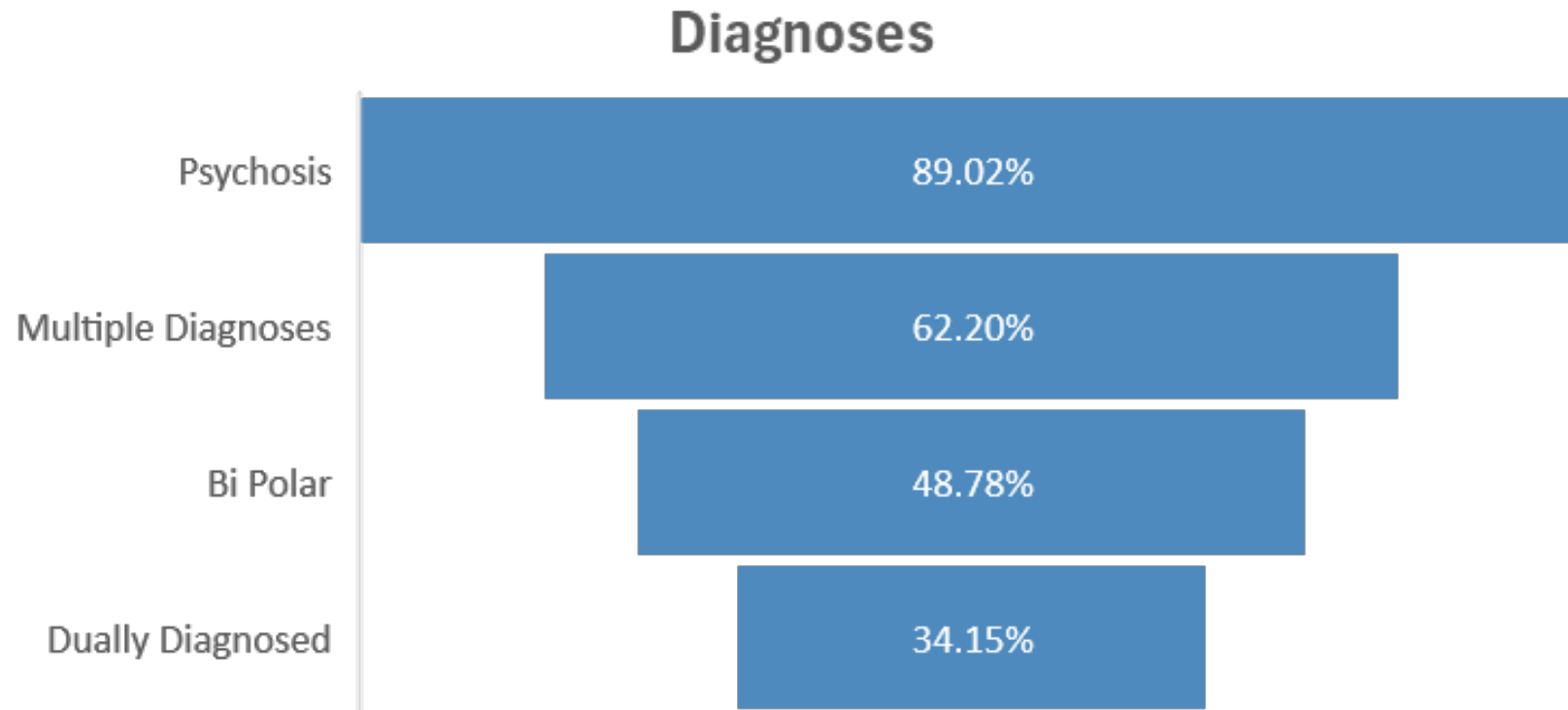
Referral Source



Insurance Status



Most Common Diagnoses



Pre & During Comparison

Outcome Metric	12 Months Pre-AOT	30 Day AOT Review	Percentage Change
Avg. Inpatient Days (per client per month)	5.3	2.0	-62.3%
Avg. Jail Days (per client per month)	3.4	1.1	-67.6%

WORKFORCE AND SYSTEM DEVELOPMENT SUBCOMMITTEE

Presenters:

Ashleigh Caseman, Director of Waiver Services, Office of Accountability and Compliance

Wendy Tiegreen, Director, Office of Medicaid Coordination & Health System Innovation

WORKFORCE AND SYSTEMS DEVELOPMENT SUBCOMMITTEE 2024 INITIATIVES AND PRIORITIES

- A. **Parity**—Every subcommittee has the obligation to focus on parity enforcement. The Workforce Subcommittee will be partnering with the Hospital and Short-Term Subcommittee to lend support where needed to address the parity and workforce overlap.
- B. **Licensure of Mental Health Professionals** - There is a national trend to make licensure of professionals easier across state and international borders; examples—more modern technology, removing barriers that have no relation to quality assurance, and reviewing the requirements for internships. The specific recommendations of the WorkForce Subcommittee relating to the need for bilingual professionals have not been addressed, and the SOS modernization of the application and renewal process is not making sufficient progress.

Among the ideas for the Workforce Subcommittee to research, consider, and report on:

1. Research and review data collection procedures that have been implemented in 28 other states in collaboration with the Healthcare Regulatory Research Institute. Determine if there are best practices Georgia can implement.
2. Research and review national models or compacts enacted to create consistency and easier transfer of licenses. Establish where Georgia is in the national trend. Review proposals from the military offered models that Georgia has enacted. Examine what other ideas are offered by military leadership.
3. Invite the SOS office to present to the subcommittee how the 2 million dollars appropriated to update licensure services will be spent. As well, share what

are the deliverables and time table connected to the additional funds.

4. A comprehensive analysis of what national models for licensure have passed and implemented successfully in tandem with a comprehensive review of legislation passed and introduced and not passed in Georgia.
5. Conduct an environmental scan to identify what other states are doing to make successful pathways for internationally licensed providers to practice in Georgia.
6. Research and evaluate what is needed in the state to modernize licensing application process to transition to primarily digital platforms.
7. Craft and implement strong network adequacy standards to maximize the participation of the behavioral health workforce in Georgia.
8. Examine peer support resources and further evaluate and strengthen the adequacy of the peer support workforce across Georgia to build on the success that has been demonstrated.

C. Loan Forgiveness Progress for Mental Health Professionals

There have been several efforts towards loan forgiveness in the state including HB 1013 and SB 480 however we don't know the status of implementation and success rate. Therefore, this committee would like a comprehensive analysis of all Georgia behavioral health workforce loan forgiveness programs to determine – success of implementation, effectiveness, and identify remaining gaps and barriers.

D. Data Collection and Sharing

Invite Georgia Data and Analytics Center (GCDAC) to come and present to the subcommittee for updates on the data-sharing

program. Identify any additional needs or barriers there may be to meeting the data sharing deadline of October 2024 set by HB1013

Additionally, I understand that there will be a homeless population workgroup this year. I am interested in the work of this group and would like to offer the below as topics to review.

1. HB 1013 required “analyzing best practices to address and ameliorate the increase in chronic homelessness among persons with behavioral health and substance abuse disorder” and this has not been done. Further, in a closely related issue, there were no appropriations for additional supportive housing slots in the FY 2025 budget. How does this gap relate to ongoing negotiations with the US Department of Justice Settlement Agreement obligations?
2. Previous recommendations involving familiar faces gave an excellent roadmap for the circulation of the homeless population through the street, to the ER, to the crisis beds, and the jails. A review of the implementation and impact of these recommendations to see what barriers still stand and what is possible under the status of funding.

Conclusion and Request

The two most visible populations that do not receive adequate mental health services are the homeless and children. I urge the Commission, all subcommittees to analyze this opinion and determine if I am right, and advise what might we do to change this reality. The bid process and adoption of new CMO contracts issued by DCH is often viewed as a solution, but its progress and timetable are unknown.

Thank you, and I look forward to working with all of you to continue our progress.

Medicaid Rate Studies: Implementation Updates

Wendy White Tiegreen

Director

Office of Medicaid Coordination & Health System Innovation

Ashleigh Caseman

Deputy Director

Office of Medicaid Coordination & Health System Innovation



D·B·H·D·D

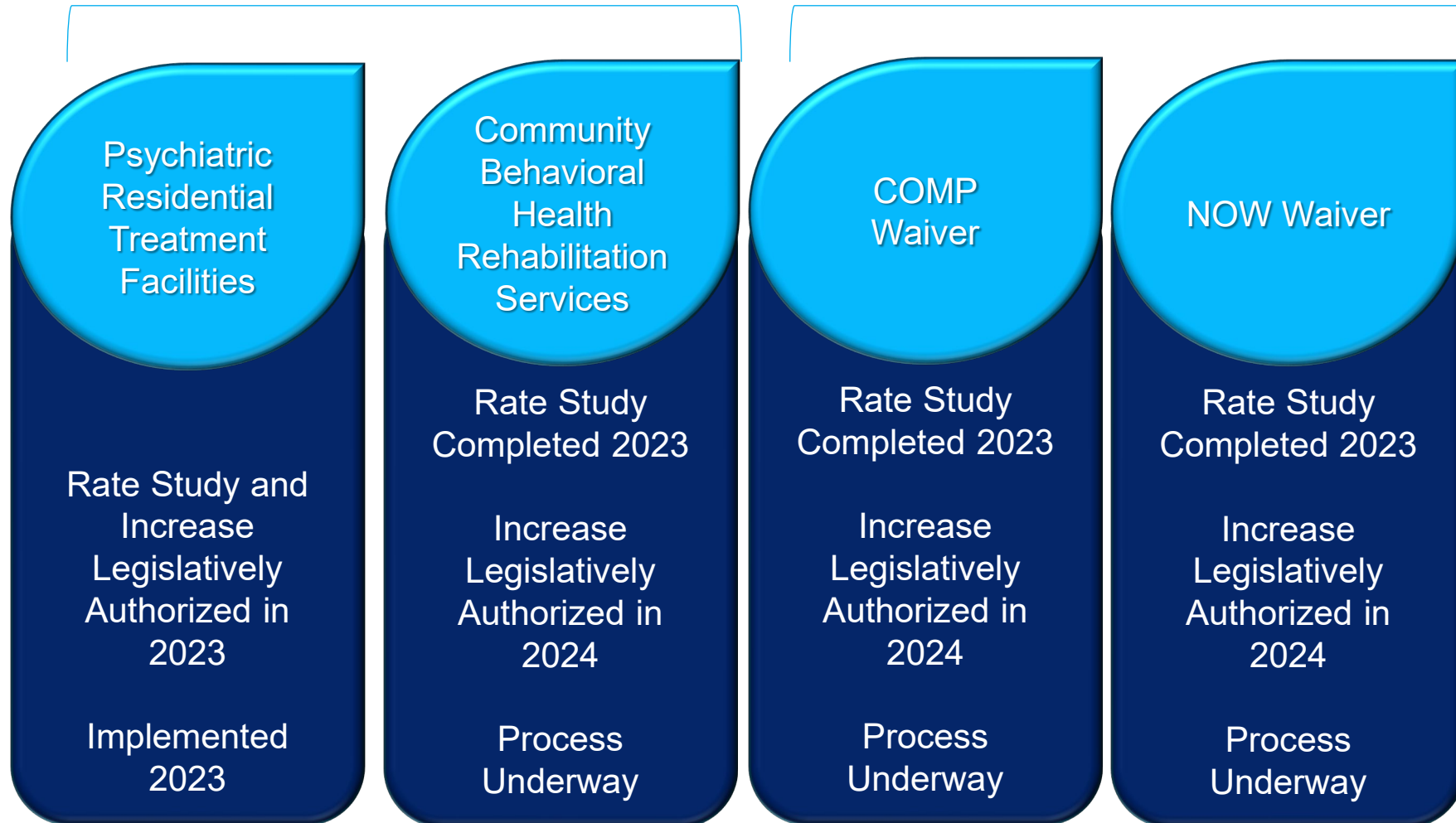
Georgia
Department of
Behavioral Health
& Developmental
Disabilities

June 10, 2024

DBHDD Medicaid Service Delivery Products

Behavioral Health (Mental Health & Substance Use)

Intellectual/Developmental Disabilities



Rate Studies- Highlights

- Medicaid Rate studies reflect the reasonable costs providers incur to deliver services consistent with the state's requirements, market drivers, and individuals' needs.
 - Conducted by Medicaid-identified and approved actuarial vendors
 - Rate models informed by a review of service requirements, data from provider surveys, benchmark/market data and public comments
 - Rate models are developed independent of budgetary considerations
 - Allows adequacy of rates to be reviewed over time and updated as needed, and can support development and advancement of service implementation

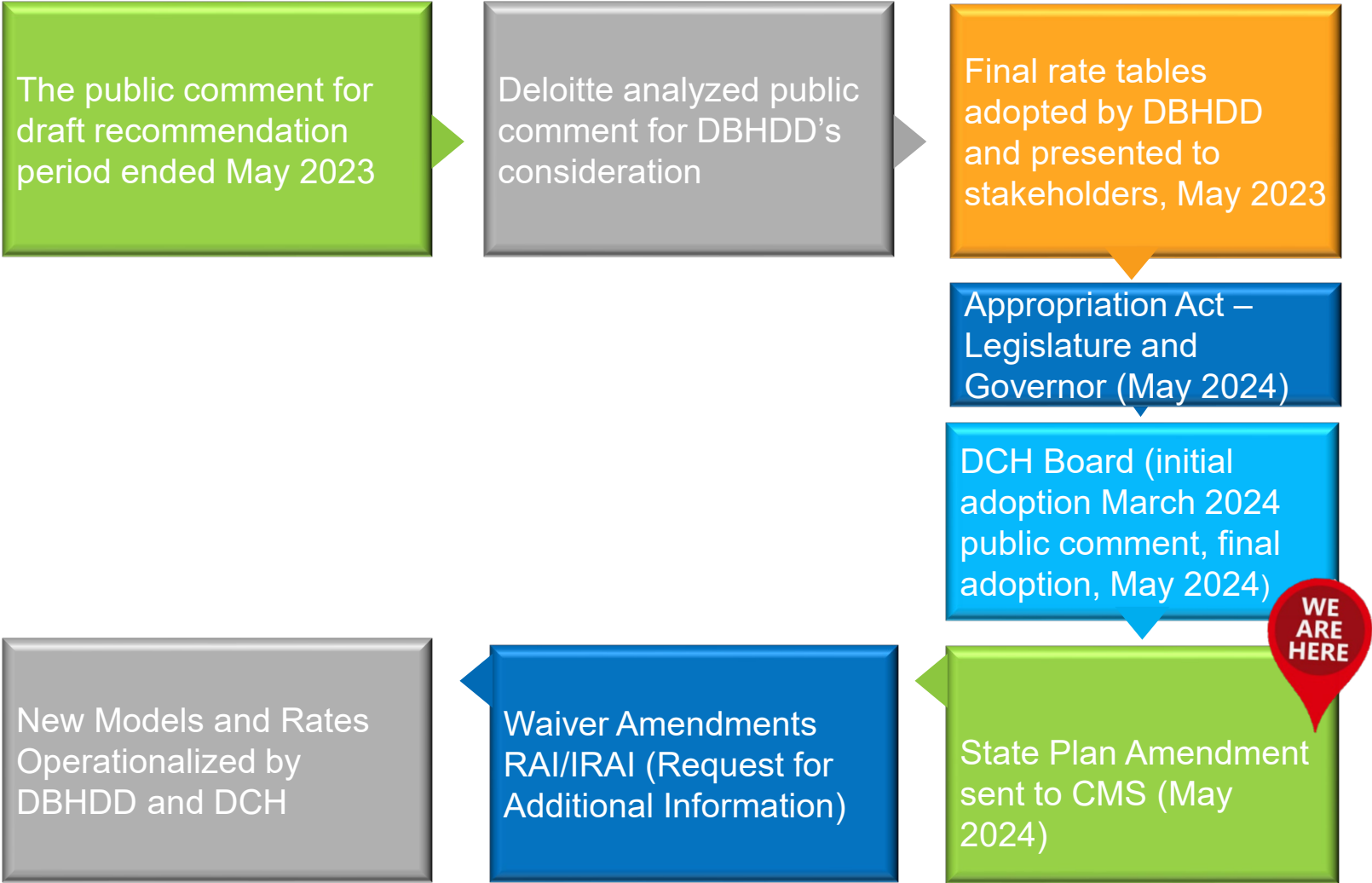
Rate Studies- Public Comment

- CBHRS, COMP, and NOW all had pre-public comment sessions ahead of formal DCH Public Comment
- A series of meetings were held to present the draft recommendations
- Over 400 comments were received from multiple individuals and stakeholder groups:
 - 220 waiver participants, family members, and individual system advocates
 - 157 providers and direct service professionals
 - 10 provider groups, such as associations and advocacy organizations

All comments were considered, and, where feasible, incorporated.

Community Behavioral Health Rehabilitation Services

Process Flow- Next Steps



Potential Wage/Salary Impacts

2008 Rate Salary
Premise

Future Rate Salary
Premise



Psychiatrists/Physicians

\$160,605

\$237,012



APRNs, PhD. Psychologists

\$69,165

\$135,184



LCSWs, RNs, LPCs, etc.

\$48,827

\$76,945



LMSWs, Bachelor's Level Certified Staff,
etc.

\$36,025

\$53,518



Non-Bachelor's Level Certified Staff,
Paraprofessionals

\$26,850

\$43,040

Service Sample: Increases

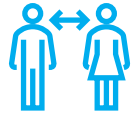
~33% Future Rate Salary Premise



Physician Services/Evaluation



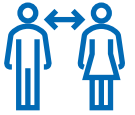
16-36%



Peer Support



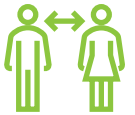
23-49%



Assertive Community Treatment



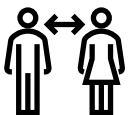
56%



Case Management/Community Support/ADSS



26-49%



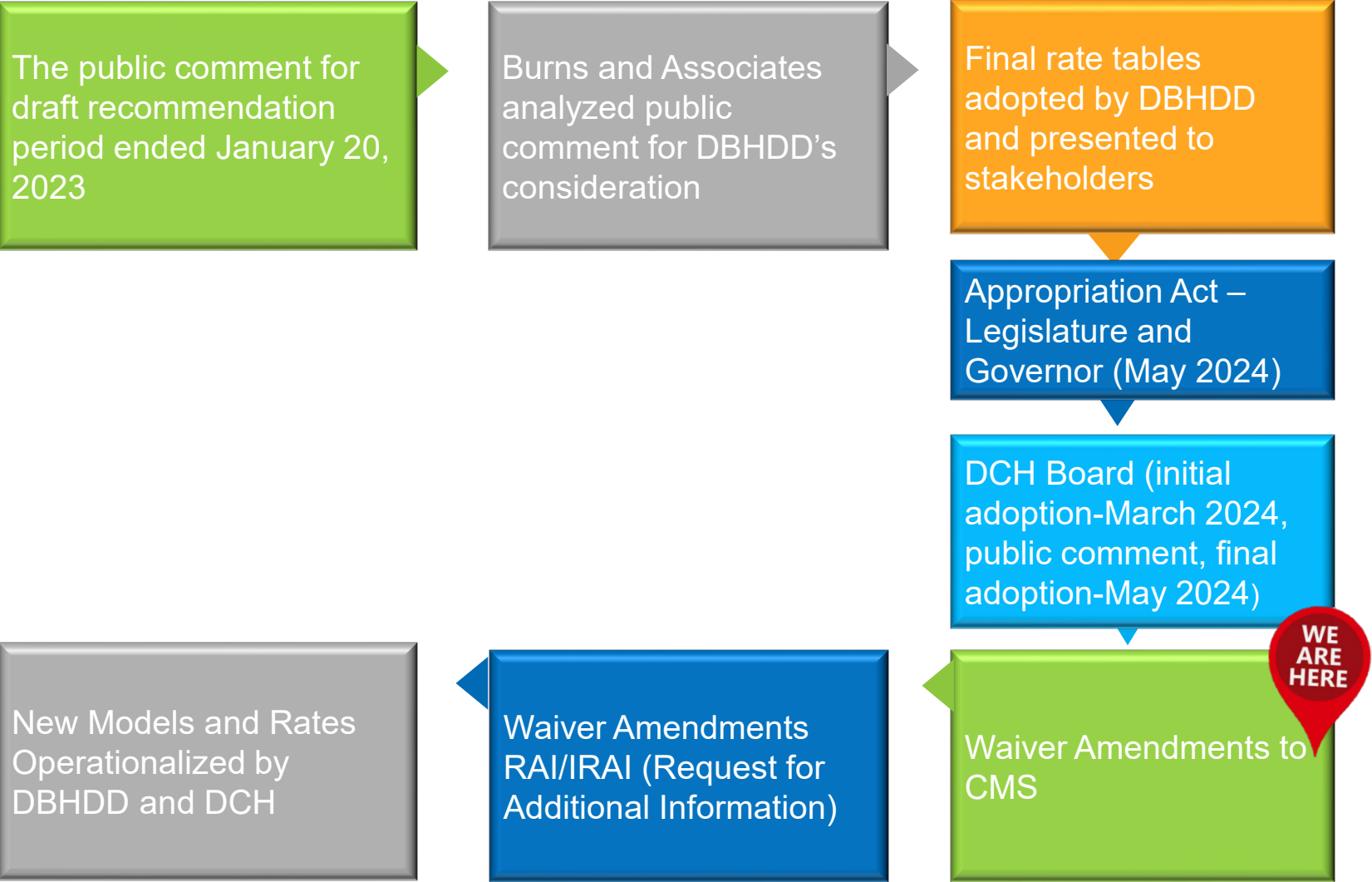
Crisis Stabilization Unit (not updated since 2003)



323%

COMP and NOW Waiver Services

Process Flow- Next Steps



Rate Study- Final Recommendations Changes

- Draft rates proposed increase provider potential revenues by **37.9%**. Final revised rate models based on public comments increased the fiscal estimate to a **43.6%** increase
- Draft rate proposed DSP wage of **\$15.18/hour**. Final rate proposes DSP wage of **\$16.70/hour plus significant fringe/benefits**
- The draft recommendations included an increase to the amount of funding that Host Home agencies must pass-through to their contracted homes from **60 percent to 65 percent** to align with the rate model assumptions- In response to comments, the current ratio will be retained

COMP/NOW Rate Study- Final Recommendations Changes

- The rate study proposed to establish wage caps on the wages paid to participant-directed staff providing CLS, Community Access and Respite. In response to public comment, the wage caps remain but were modified to **include full agency rate** and not just wage and benefit assumption.
- To allow more flexibility in scheduling, **daily and monthly limits on CAG and Prevocational services will be eliminated** (the annual limit remains)
- Billing for Adult Therapies will be **expanded** (allowing for more activities to be billed) and **simplified** (consolidated into fewer procedure codes)



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D

MENTAL HEALTH COURTS AND CORRECTIONS SUBCOMMITTEE

Presenters:

Dr. Julie Oliver, State Forensic Director, Georgia Department of Behavioral Health and
Developmental Disabilities

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Julie Oliver, Ph.D.

State Forensic Director
DBHDD Office of Forensic Services

6.10.24

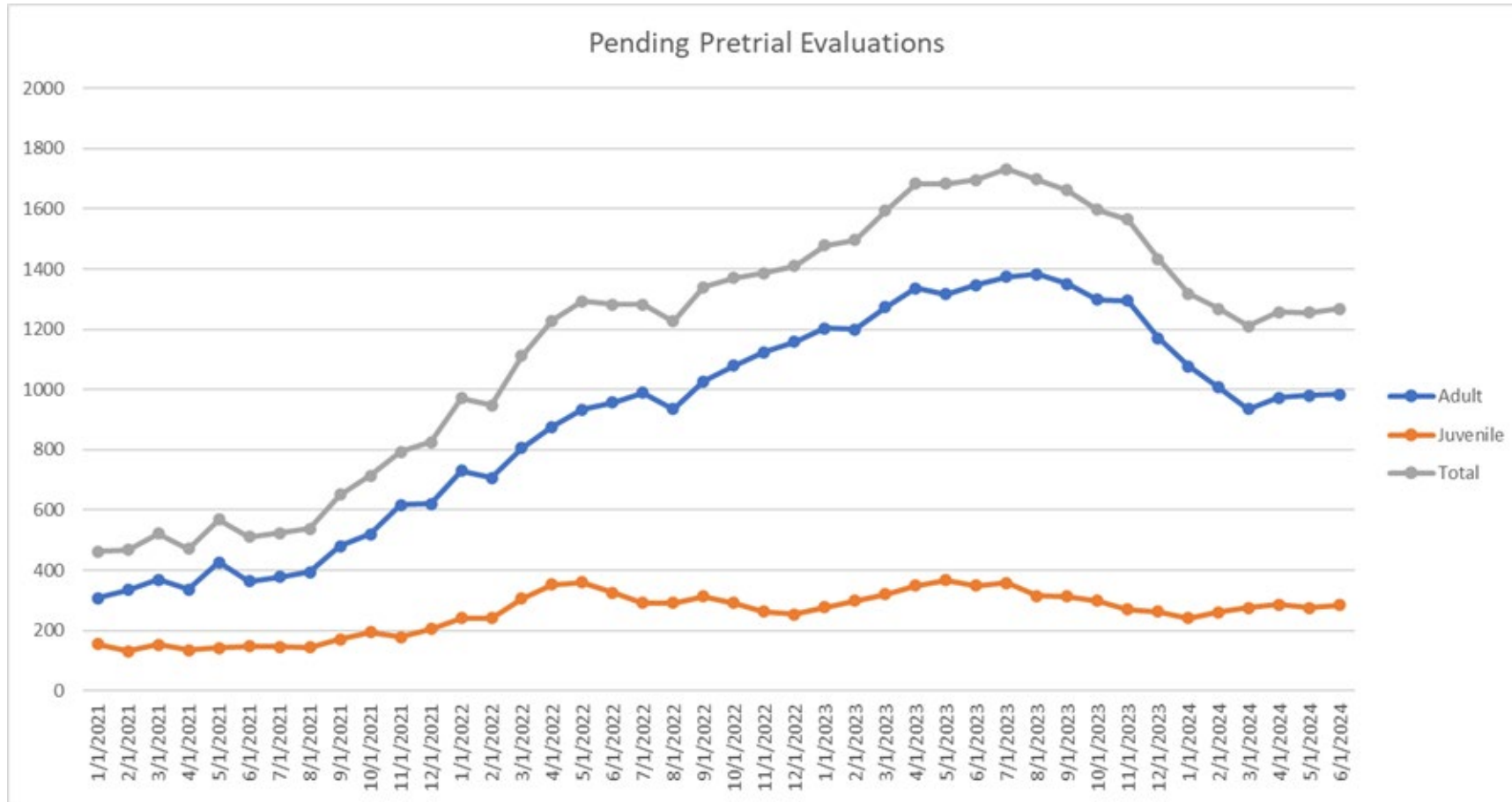


D·B·H·D·D

Presentation Overview

- Current Status - Data
- Diversion Efforts & Initiatives
- Strategic Planning
- Competency Advisory Committee

Forensic Services Pretrial Evaluations Pending



Adult Pretrial Evaluations – to be evaluated 6.4.24

Data as of 4:20PM

922

Number of Unique Defendants

Number of Cases

936

Felony = 510
Misdemeanor = 218
Missing = 196

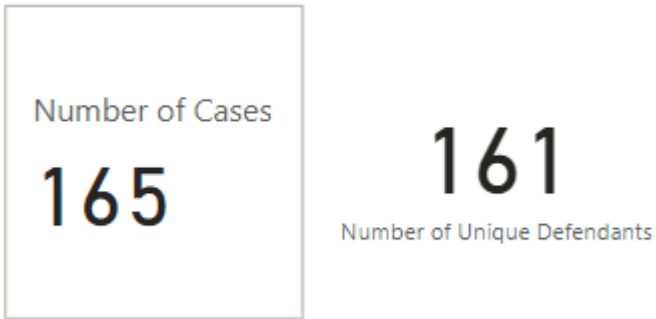
All Orders

Report Type Ordered	Distinct Case Count
Competent	446
Competent + Responsible	443
Responsible	41
440	5
Disposition	1
Total	936

State Court Orders

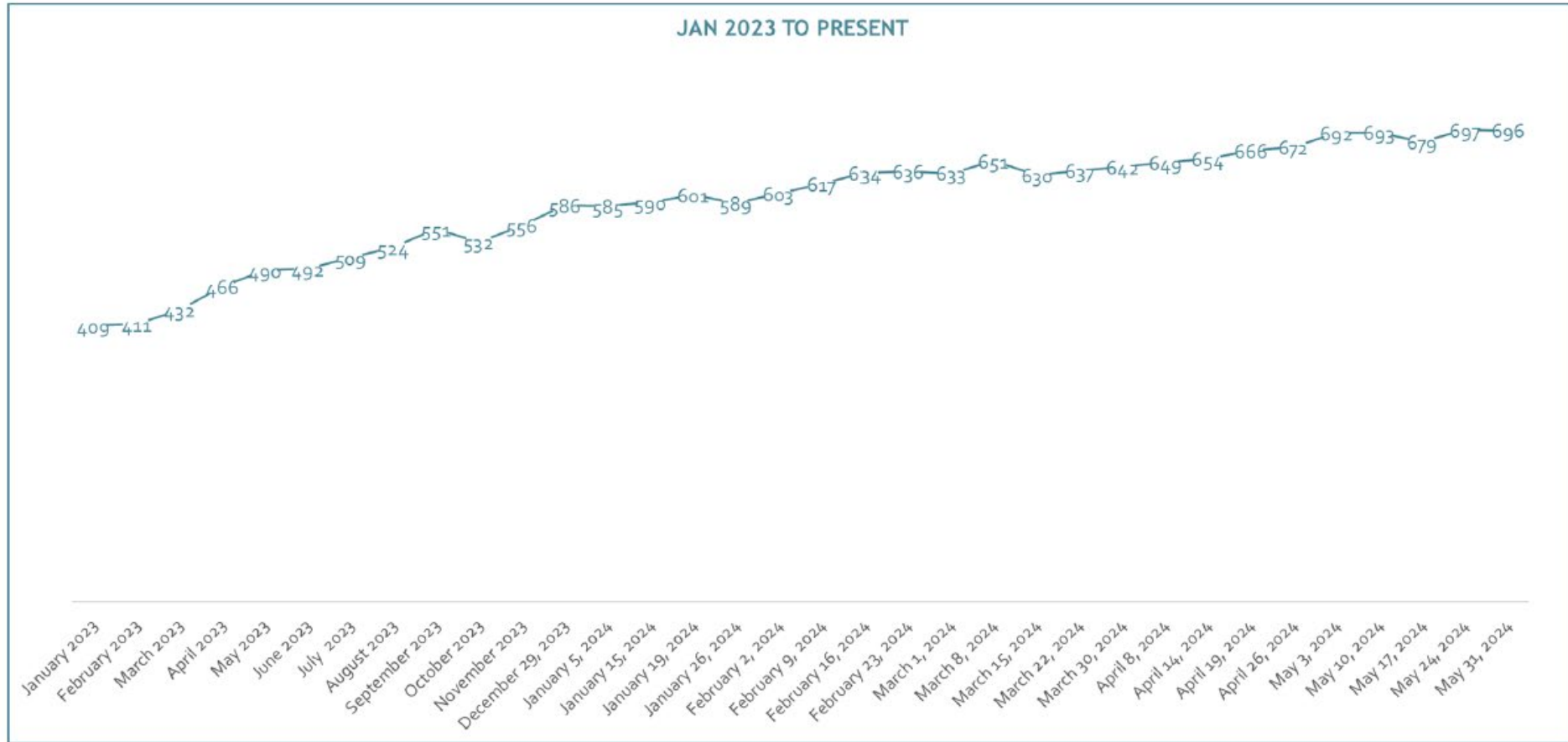
Report Type Ordered	Distinct Case Count
Competent	135
Competent + Responsible	80
Responsible	2
Disposition	1
Total	218

Adult Pretrial Evaluations – report pending 6.4.24



Report Type Ordered	Distinct Case Count
Competent + Responsible	78
Competent	72
Responsible	15
Total	165

Admission Waiting List 5.31.24



Admission Waiting List Breakdown

- Total = 696
- Bond = 33*
- State Court Only = 80
- Female = 139
- Pretrial (initial evaluation) = 9
- Hold = 33
 - Cannot be admitted
 - Unable to locate
 - On bond out of state
 - Medical issues

Admission Wait Times

- Males = 339 days
- Females = 184 days

Jail-Based Restoration Programs

- Chatham (CARES) – February 2024
 - 14 beds
 - Current census = 12
- Cobb (RISE) – January 2023
 - 20 beds
 - Current census = 20
- Fulton
 - 16 beds
 - Current census = 16

Diversion Pilots

- Gwinnett County Pretrial – misdemeanor
 - Dr. Bailey/GRHA and View Point Health
- Henry County Admission Waiting List – misdemeanor
 - Behavioral Health/Forensic Services and McIntosh Trail
- Fulton County* – misdemeanor
 - Fulton County Solicitor General
 - JBA Justice and Mental Health Collaboration Grant
 - Court Clinic Model
- Richmond County – Forensic Jail Liaison
 - Richmond County Jail and Forensic Services

Initiatives – Adult Evaluations

- Georgia Toolkit
 - Eliminate the Wait – Texas
 - BJA grant – Center for Justice Innovation
 - Goal – outline best practices to reduce referrals/wait times for individuals who are justice involved
- Court Clinics
 - BJA grant – Center for Justice Innovation
 - Hall County
 - Piloting in other counties
 - Abbreviated report
 - Focus on diversion recommendations when appropriate
 - Examine evaluation model and productivity requirements
 - Identified day for jails to share information

Initiatives – Adult Evaluations

- Contract evaluators
- Hospital “moonlight” evaluations
- Incentive pay for increased productivity

Initiatives – Juvenile Evaluations

- Juvenile Evaluation Manager – started December 2024
 - Updated court order
 - Clarify what courts want/need
 - Direct families to participate in interview/scheduling
 - Order in lieu of ROI, specify who should release records
 - Parent questionnaire completed at time of court order
 - Priority assignment of cases to meet courts' needs
 - Evaluator training & updated report format
 - Collaborate with DJJ staff for scheduling – decrease RYDC LOS
 - Equalize wait times for evaluations across the state
 - NGRI policy
- Morehouse School of Medicine/Dr. Vinson Contract – July 2024
 - Complete up to 100 juvenile evaluations in Fulton and Metro Atlanta
 - Recruit and train Forensic Psychiatry Fellow

Initiatives - Hospital

- Continue with FCC check-ins and re-evaluation
 - “Informal” jail-based restoration
- Dodge County Jail-Based Restoration Program
 - Goal is August 1 opening
 - 32 beds
- Operation New Hope at GRHS
 - Goal is October opening
 - 30 bed transition unit
 - Vocational and life skills training

Initiatives – Hospital Discharges

- Discharge Planning
 - Forensic Functional Assessment
 - Discharge Planning Worksheet
 - Updated Discharge Planning policy
- Community Integration Home & Forensic Apartments
 - Video introduction to placements for staff and future residents
 - Behavioral interventions/de-escalation training for staff
- Alternative funding sources to overcome significant SS delays

Initiatives - Communication

- Notification Letters to Judges
- ForensicAdmissions@dbhdd.ga.gov
- Admission wait times on website
 - <https://dbhdd.georgia.gov/forensic-services>
 - Updated monthly

Strategic Planning

- Update Forensic Referral
 - Is diversion an option?
- DD Services Collaboration
 - Start waiver process at time of evaluation
- Evaluator Training
 - Diversion recommendations judges can use
 - Consider medical issues/NH recommendations
 - Determining when someone is non-restorable

Strategic Planning

- Artificial Intelligence
 - Risk Assessments & Forensic Evaluations
- Circuit/County-Specific Planning
 - Forensic data by circuit/county/judge
- State Justice Statistics Grant
 - Examine cost of restoration
 - Case outcome after restoration

Competency Advisory Committee

- Examine Pathway for Misdemeanor vs. Felony cases
 - Non-violent vs. violent cases
 - Collecting information from other states
 - Location of restoration, reduced restoration period
- Education
 - Bench Card
 - Standard Court Orders
 - GA Toolkit
 - Forensic Data to Judges
 - Community Restoration Materials
 - DD Services Information
 - Diversion Process Map
 - Special Populations – dementia, IDD