Georgia Behavioral Health Reform and Innovation Commission

Hospital and Short-Term Care Subcommittee

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

Hospital & Short-Term Care Subcommittee Work

Subcommittee Chair- Brenda Fitzgerald, MD

7 meetings were held by the subcommittee between May 28th and November 19th, with the following themes discussed:

- Mental Health Workforce
- Empath and Emergency Room Diversion Programs
- Statewide Mental Health Consortium Programs
- Mental and Behavioral Health Parity Implementation in Georgia

Presenters to the Hospital & Short-Term Care Subcommittee

Dr. Andrea Meyer Stinson, Director of Workforce Strategy & Initiatives at Resilient GA
Dr. Sofia Khan, Co-Founder Urgent Psych
Sarah Phillips, Associate Director of Public Policy at The Carter Center
Shadda Winterhalter, Strategic Initiatives Specialist at the SC Department of Health and Human Services
Eunice Medina, Director, at the SC Department of Health and Human Services
Paula Gresham, Vice President Behavioral Health Services at Willow Brooke Urgent Care
Dr. Kenneth Genova, Executive Medical Director at Willow Brooke Urgent Care
Anne Hernandez, Vice President, Behavioral Health at Grady Health System
Janet Roche, Co-Founder and CEO, Trauma-Informed Design Society (TiD)
Christine Cowart, Co-Founder and COO, Trauma-Informed Design Society (TiD)
Adrienne Erdman, Vice President of Research & Development, Highland Rivers
Melanie Dallas, Chief Executive Officer, Highland Rivers
Lyndsey Morda, Senior Director of Intensive Services, Highland Rivers
Sarepta Archila, Director, Certified Community Behavioral Health Clinics (CCBHCs), DBHDD
Dr. David Lakey, Vice Chancellor for Health Affairs, CMO of UT System and Presiding Officer of TCMHCC
Dr. Laurel Williams, CMO TCMHCC
Melanie Dallas, Chief Executive Officer of Highland Rivers Behavioral Health
Whitney Griggs, Director of Health Policy, Georgians for a Healthy Future
Roland Behm, Co-Founder, Georgia Mental Health Policy Partnership

tcmhcc
Texas Child Mental Health Care Consortium

Texas Child Mental Health Care Consortium

David Lakey, MD
Vice Chancellor for Health Affairs and Chief Medical Officer
The University of Texas System

Presiding Officer, TCMHCC

Laurell Williams, DO
Baylor College of Medicine

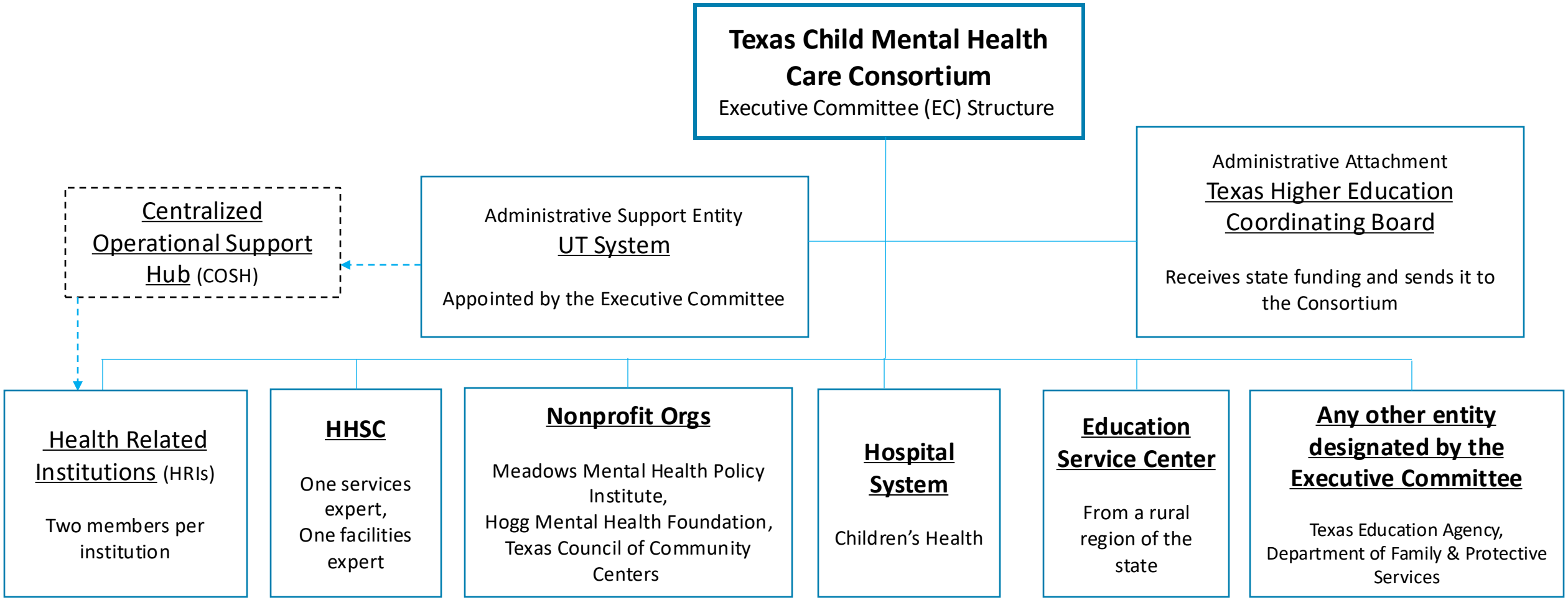
Chief Medical Officer, TCMHCC

9/17/2025

Texas Child Mental Health Care Consortium

The Texas Child Mental Health Care Consortium (TCMHCC) was created in 2019 by the Texas Legislature to leverage the expertise and capacity of Texas medical schools and other health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system for children and adolescents.

tcmhcc Texas Child Mental Health Care Consortium | CPAN Child Psychiatry Access Network | PeriPAN Perinatal Psychiatry Access Network


Texas Child Mental Health Care Consortium
Executive Committee (EC) Structure
Administrative Attachment
Texas Higher Education Coordinating Board
Receives state funding and sends it to the Consortium
Centralized Operational Support Hub (COSH)
Administrative Support Entity
UT System
Appointed by the Executive Committee
Health Related Institutions (HRIs)
Two members per institution
HHSC
One services expert,
One facilities expert
Nonprofit Orgs
Meadows Mental Health Policy Institute,
Hogg Mental Health Foundation,
Texas Council of Community Centers
Hospital System
Children's Health
Education Service Center
From a rural region of the state
Any other entity designated by the Executive Committee
Texas Education Agency,
Department of Family & Protective Services

Texas Child Mental Health Care Consortium Initiatives

Strengthening systems and increasing access to care through interconnected programs

Learn more:
www.tcmhcc.utsystem.edu/

tcmhcc Texas Child Mental Health Care Consortium | CPAN Child Psychiatry Access Network | PeriPAN Perinatal Psychiatry Access Network

Child Psychiatry Access Network (CPAN)

Perinatal Psychiatry Access Network (PeriPAN)

Texas Child Health Access Through Telemedicine (TCHATT)

Child and Adolescent Psychiatry (CAP) Fellowships & Community Psychiatry Workforce Expansion (CPWE)

Children's Mental Health Research

What is CPAN?

Rapid clinician-to-clinician **consults** with a psychiatrist or other mental health clinician.

Convenient and quick access by **phone or text.**

Free evidence-based support. No insurance needed. Consults may be billable.

Timely, one-time direct **patient-psychiatrist consults.**

Vetted, individualized patient **referrals & resources** for clinicians who want to learn about a certain topic.

Free and frequent virtual **CMEs** on pediatric & perinatal mental health topics & ethics.

tcmhcc
Texas Child Mental Health Care Consortium

CPAN
Child Psychiatry Access Network

PeriPAN
Perinatal Psychiatry Access Network

How Does CPAN Work?

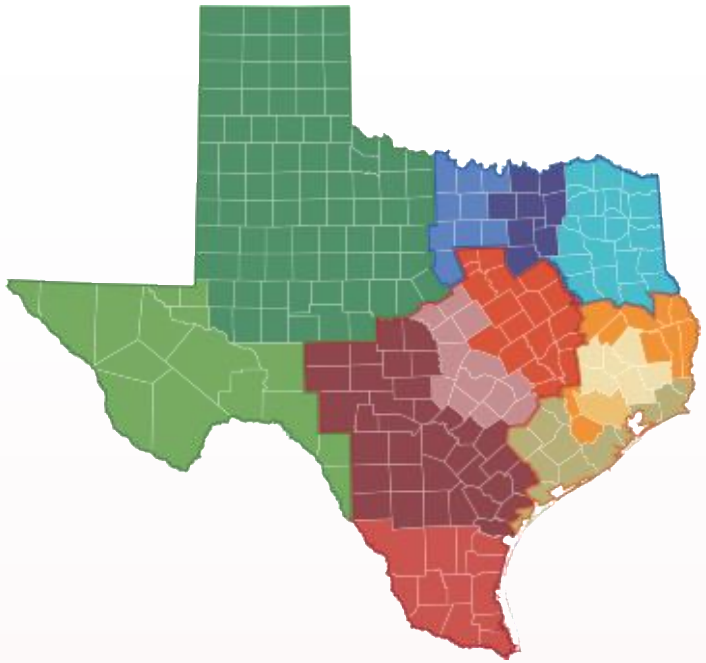
PCP or Pediatrician Seeks Advice

Call **888-901-CPAN**
Or Text Your Local Hub

A knowledgeable behavioral health specialist is standing by to assist.

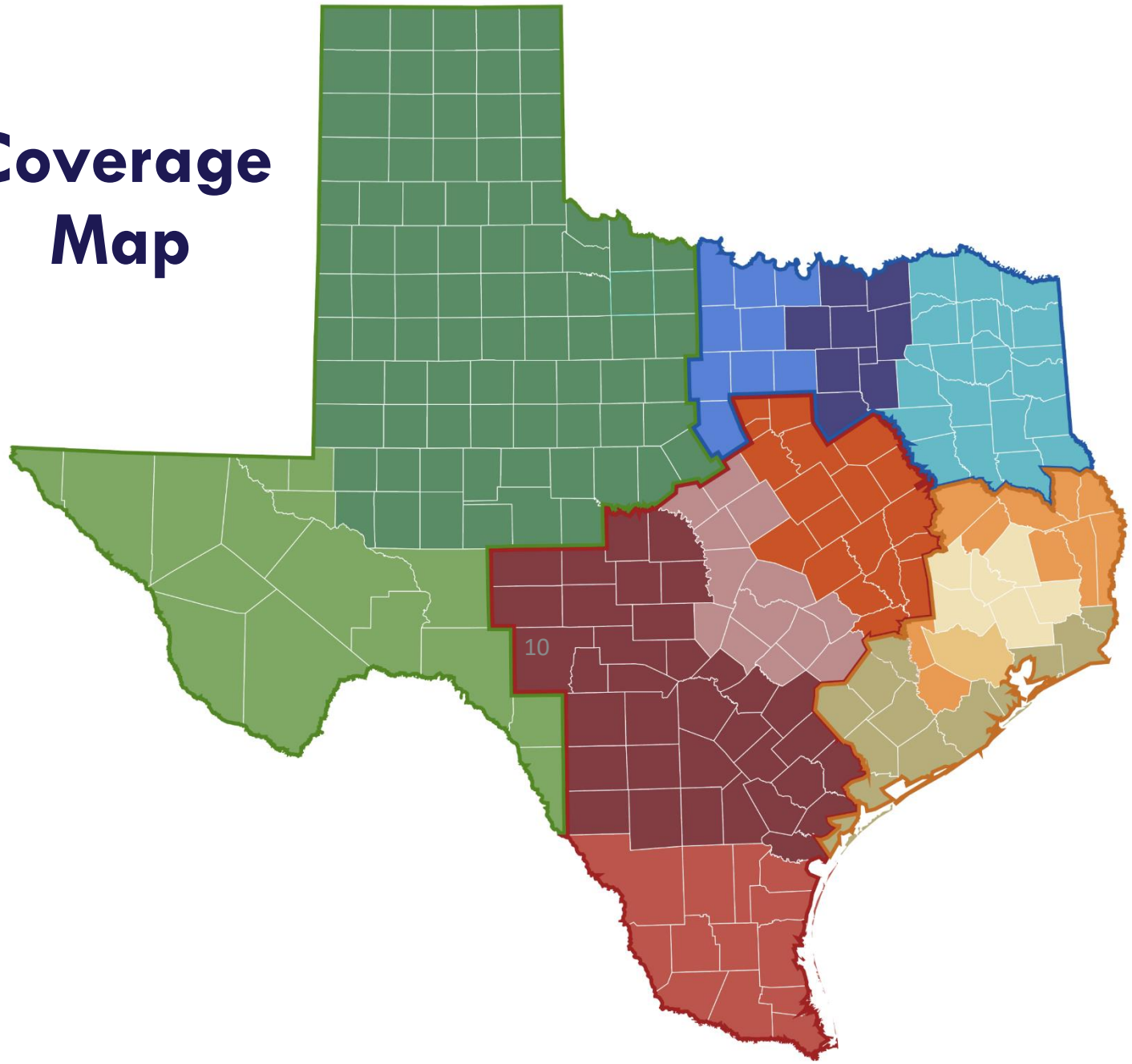
Possible Outcomes:

- Psychiatrist consult
- Guidance to PCP to assess or treat patient
- Local, vetted referrals or resources
- Direct patient consult may be recommended



To ensure a rapid, expert response, CPAN can draw upon its **12 program hubs**

Coverage Map



Dial 1
North and Northeast Regions

1. The University of North Texas Health Science Center at Fort Worth
2. The University of Texas Southwestern Medical Center
3. The University of Texas at Tyler Health Science Center

Dial 2
South and Southeast Regions

1. Baylor College of Medicine
2. The University of Texas Health Science Center at Houston
3. The University of Texas Medical Branch at Galveston

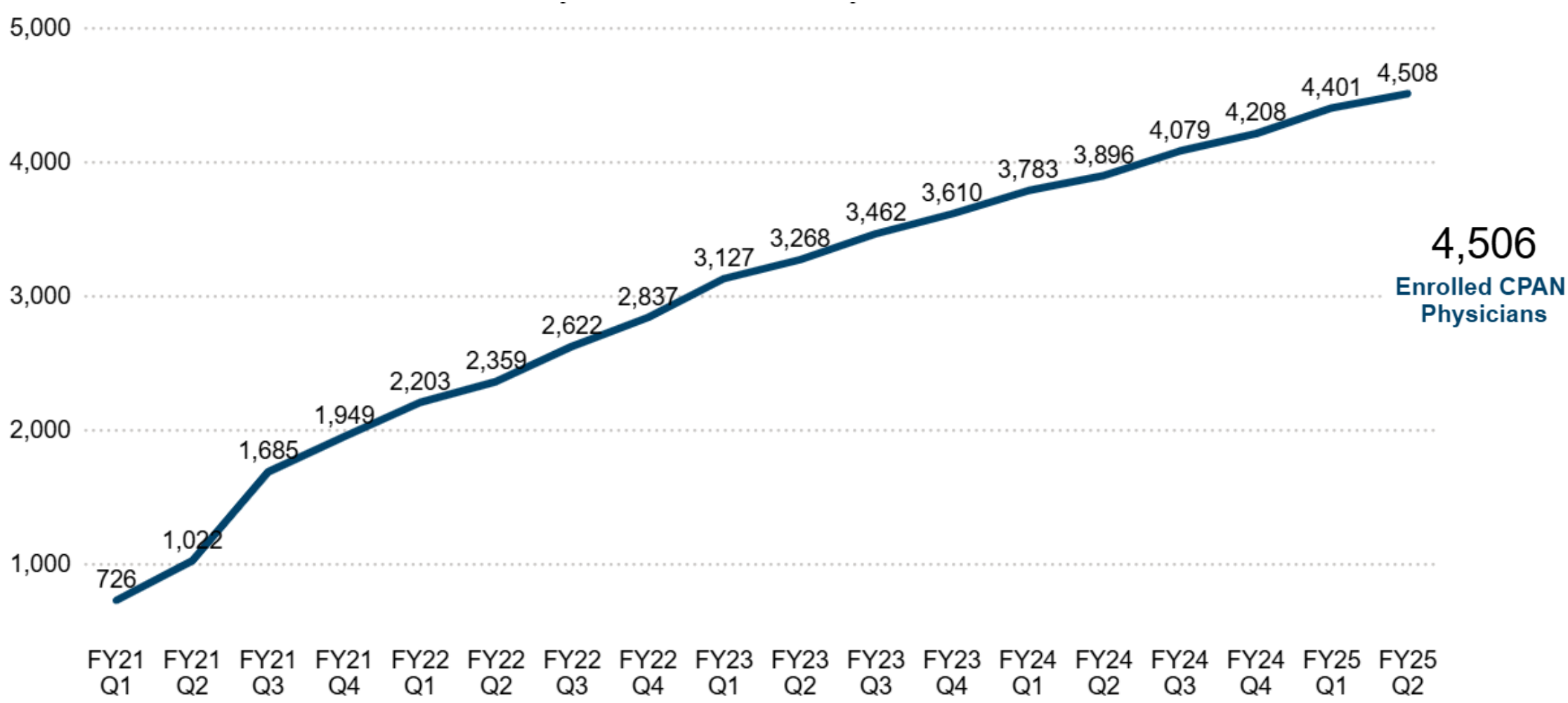
Dial 3
Valley and Central Regions

1. Dell Medical School at The University of Texas at Austin
2. The University of Texas Health Science Center at San Antonio
3. The University of Texas Rio Grande Valley School of Medicine
4. Texas A&M University System Health Science Center

Dial 4
West Region

1. Texas Tech University Health Sciences Center
2. Texas Tech Health El Paso

Growth in Enrolled CPAN Pediatricians & General/Family Physicians

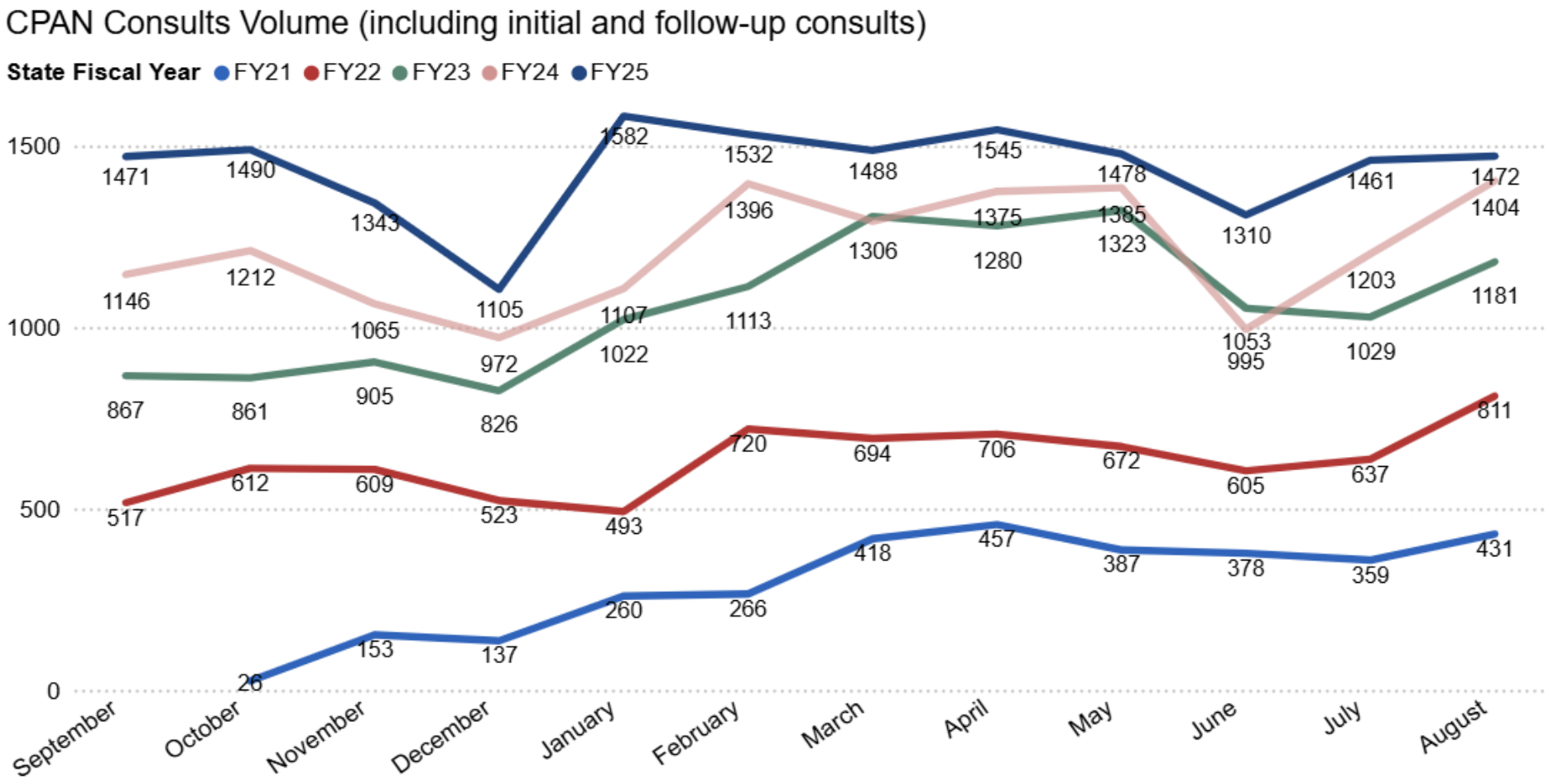


CPAN Monthly Provider Consultations - Annual Trends

October 2020 – August 2025

55,466

Total Provider Consults



One-Time Direct Patient Consultations

Our experts may suggest a direct patient consult, a service that includes:

A one-time, child / adolescent psychiatrist telehealth visit for the patient and family.

Support for the primary provider.

Assessment results or follow-up care recommendations sent to referring physician, clarifying diagnosis or treatment options.

Scheduling and coordination by our team.

CPAN does not provide ongoing patient care but can continue to provide guidance and support to the primary care team.

No charge to the clinic or patient/family, no insurance needed.

tcmhcc Texas Child Mental Health Care Consortium | CPAN Child Psychiatry Access Network | PeriPAN Perinatal Psychiatry Access Network

Texas Perinatal Psychiatry Access Network (PeriPAN)

tcmhcc Texas Child Mental Health Care Consortium | CPAN Child Psychiatry Access Network | PeriPAN Perinatal Psychiatry Access Network

PeriPAN works exactly like CPAN and is focused on the mental health needs of prenatal, pregnant, and postpartum women.

- Access to **reproductive psychiatrists** and other mental health experts for consultation, guidance on screening and care, resources, and referrals.
- Free mental health CMEs and collaborative ECHOs on **maternal mental health** topics.
- For **all clinicians who see perinatal women**, including OB/GYNs, family doctors, pediatricians, midwives, PAs, NPs, and residents.

tcmhcc
Texas Child Mental Health Care Consortium

PeriPAN Enrollment

As of August 31, 2025

- 1,071 OB/GYNs
- 273 OB clinics
- 70 Women's or Maternal Health clinics
- 30 Midwifery practices

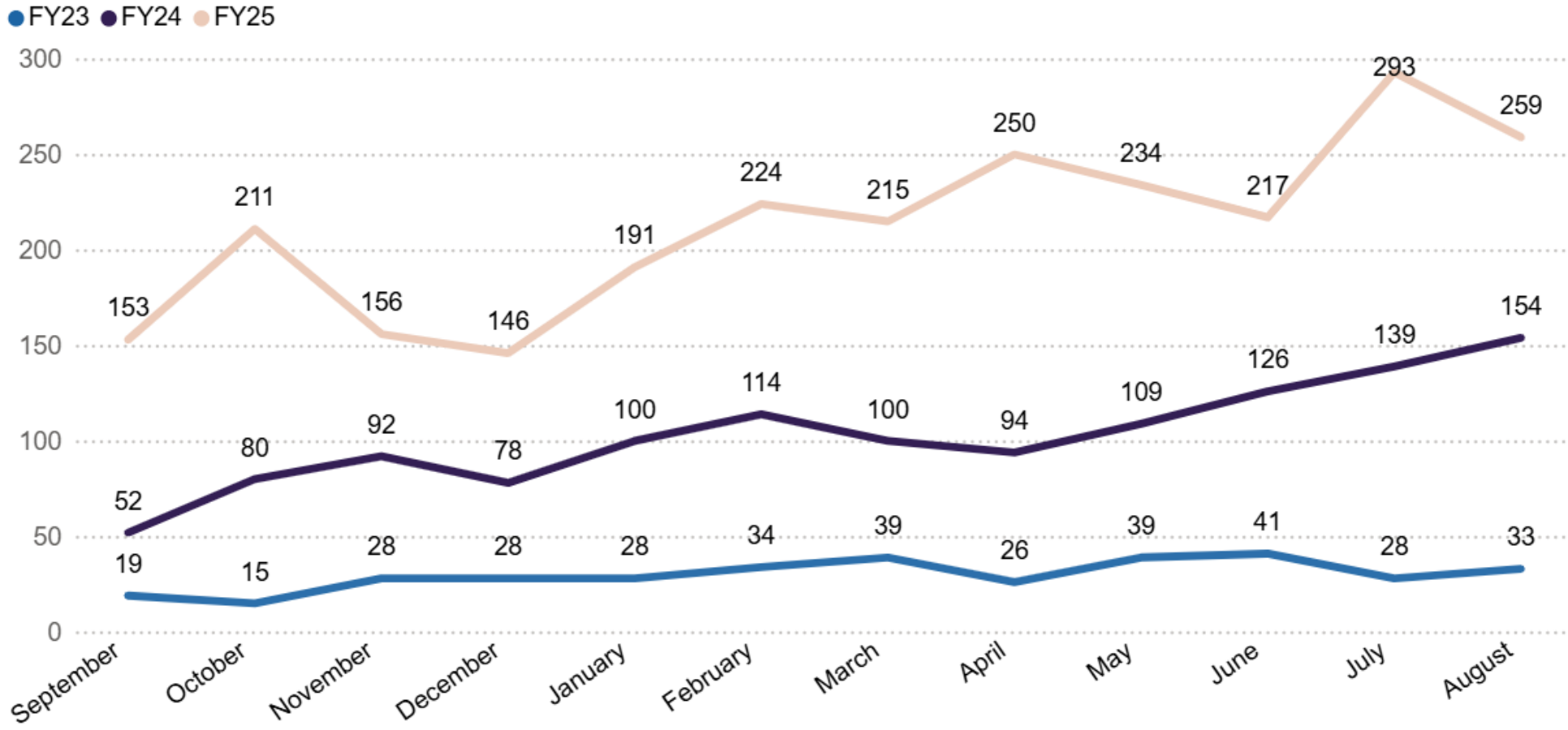
**This data is preliminary and subject to change*

PeriPAN Monthly Consultations - Annual Trends

As of August 31, 2025

4,152

Total PeriPAN Consults



tcmhcc
Texas Child Mental
Health Care Consortium

TCHATT

Texas Child Health Access Through Telemedicine

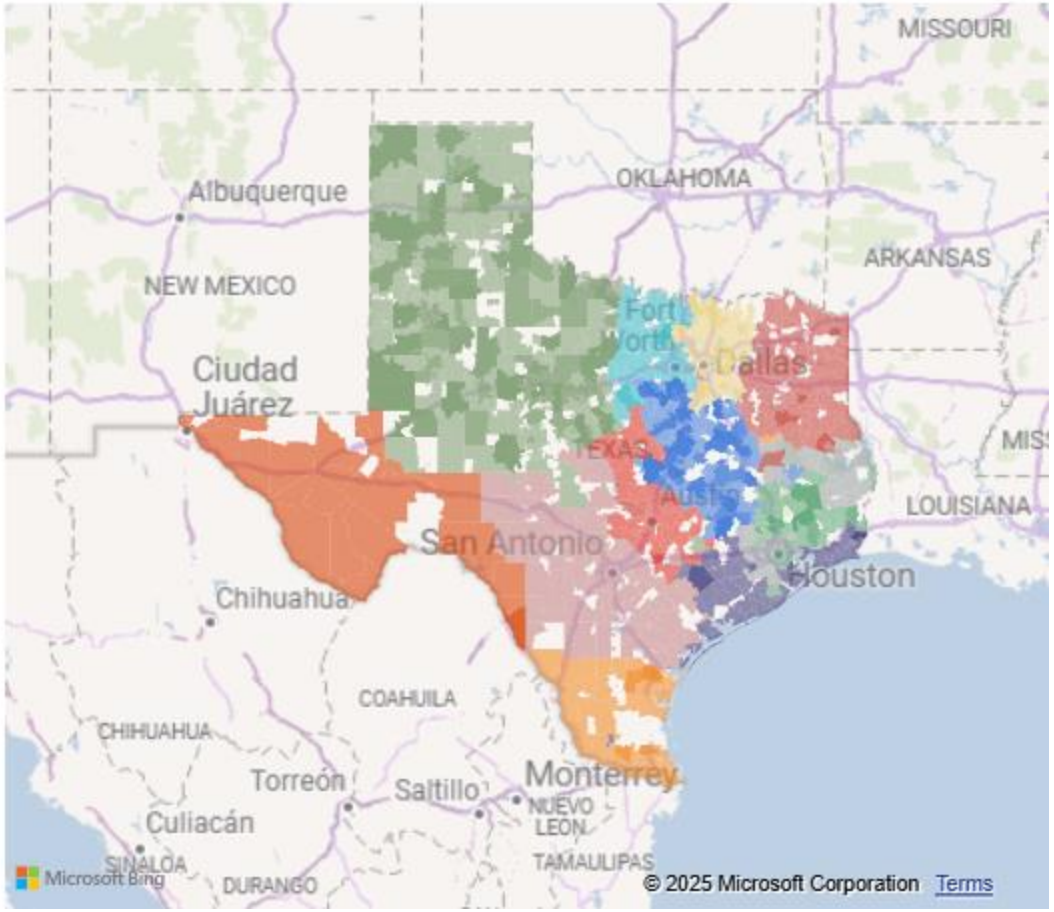
What is TCHATT?

- Focused mental health support & care for students in pre-K to 12th grade.
- Free, no insurance needed.
- Parent/guardian consent required.
- Virtual care (computer or smartphone).
  - Most appointments occur at school.
- Services may include therapy, psychiatry, case management support.
  - TCHATT is not a crisis service.
- Our licensed, local clinicians assess and address a student's mental health needs.
- We offer a limited number of sessions.
  - If a student needs more care, we help the family connect to community services.
- TCHATT is not a school program.
  - TCHATT is a separate, confidential mental health program for students.
- We can help students reduce anxiety, manage emotions, and cope with challenges to be more confident and successful in school.

Active TCHATT Campuses

as of August 31, 2025

HRI
- BCM
- TAMUHSC
- TTUHSC
- TTUHSC EP
- UNTHSC
- UT AUS DELL
- UTHSCH
- UTHSCSA
- UTMB
- UTRGV
- UTSW
- UTTHSC



944
Number of School Districts Enrolled in TCHATT

7,260
Number of School Campuses Enrolled in TCHATT

4,485,932
Number of Students Able to Access TCHATT

81%
Student Coverage

Georgia Programs

Texas Child Mental Health Care Consortium Program		Georgia Activities	Descriptions
Child Psychiatric Access Network	CPAN	GMAP (Ga Mental Health Access in Pediatrics)	In GA Now: GMAP currently offers provider-to-provider consultations related to specific patients or general questions, care coordination, and Project ECHO training to pediatric clinicians to assist with identifying and treating mental health issues in their young patients. Grant currently in its last year.
Perinatal Psychiatry Access Network	PeriPan	PEACE For MOMS (Perinatal Psychiatry, Education, Access and Community Engagement) partnership bt Emory SOM and GDPH	In Ga Now: PEACE for Moms connects Georgia healthcare professionals (physicians, nurse practitioners, midwives, or physician assistants) with psychiatrists who specialize in perinatal mental health. In addition to clinician-to-clinician teleconsultations, PEACE for MOMS also provides referrals to community resources and community education.
Texas Child Health Access Through Telemedicine	TCHATT	GA Apex Program	In Ga Now: Ga Apex program promotes collaboration between community mental health providers and schools to provide school-based services and supports, including training for school staff. GA Apex increases access to mental health services for school-aged youth, Pre-Kindergarten to 12th grade, throughout the state, by connecting uninsured and underinsured students to therapy and mental health services. Currently in 735 schools in FY2024.
Child and Adolescent Psychiatry Fellowships	CAP	Rural Critical Need Accelerated Track (RCN-ACT) Program at Mercer School of Medicine	In Ga Now: Mercer School of Medicine Rural Critical Need Accelerated Track Program - Psychiatry. addresses Georgia's critical shortage of psychiatrists in rural areas. The program allows students interested in psychiatry and addiction medicine to complete their coursework in an accelerated three-year program with less tuition debt.

October 15, 2025	Discussion of the Potential for a Georgia Mental Health Consortium	Dr. Eric Lewkowiez, Assistant Professor of Child, Adolescent, and Family Psychiatry at Augusta University, Advisor and Champion of GMAP Dr. Kathryn Cheek, Chairman of the Georgia Composite Medical Board Dr. Kathryn Martin, Associate Dean of Regional Campuses at Augusta University Representative Mary Margaret Oliver Pamela Mason, Affiliation Operations Director, CHOA Lynn Pattillo, President of the Pittulloch Foundation Dr. Jean Sumner, Dean of the Mercer University School of Medicine Dr. Michele Smith, Director of Collaborative Care in the Wellstar Atlanta Medical Center Family Medicine Residency Program Bonnie Hardage, Executive Director of the Jesse Parker Williams Foundation Angela Snyder, Director of Health Policy and Financing, Georgia Health Policy Center Dr. Eve Byrd, Senior Advisor, Rosalynn Carter Mental Health and Caregiver Program Denise Hines, CEO of Georgia Health Information Network Dr. Daniel Salinas, Chief Medical Officer and Chief Quality Officer of Emory Healthcare Network Melanie Dallas, Chief Executive Officer of Highland Rivers Behavioral Health

Priority #1

Establish a Georgia Mental Health Consortium in partnership with Georgia Medical Schools, Nursing Schools and Existing Georgia Programs.

Use state budget appropriations to fund these efforts.

Priority #2

Mental And Behavioral Health Parity Implementation in Georgia Presenters Included:

- Whitney Griggs, MPH, Director of Health Policy, Georgians for a Health Future
- Sarah Phillips, MPA, Rosalynn Carter Mental Health Program
- Roland Behm, JD, Co-Founder GA Mental Health Policy Partnership

Support passage SB 131 that establishes a parity compliance review panel and requires health care providers to report suspected behavioral health parity violations (this is Senate version of HB 612)

Network Adequacy

Children's Healthcare of Atlanta Mental and Behavioral Health

- Community outpatient in network capacity meets less than 50% of needs of youth in crisis
- 60% of youth remain unconnected to recommended services 30-75 days after ED discharge
- 12% of youth returned to ED for another crisis, 1 in 5 (20%) have received no recommended outpatient care
- No Crisis Based Dialectical Behavioral Care providers in any Medicaid network

Priority #3

Provider network adequacy—grounded in current data and active state enforcement—is the linchpin of true parity: without enough in-network clinicians available to see patients, no definition of “medically necessary” and no promise of equal coverage has practical meaning.

Priorities #4 and #5

Workforce

#4:

A Motivo study shows that only 54% of Georgia Masters level Behavioral Health professionals complete the licensure process. Evaluate causes, simplify, and correct problems in licensure process while concurrently developing innovative workforce pathways for all levels of education.

#5:

Create a central interactive data hub that can be used to predict the supply and demand of Georgia's behavioral health workforce. Georgia should look to model the innovative dashboard created by the University of South Florida.

Priority #6

Pre-Hospital Admission Evaluations

- **EmPATH Units**
  Grady Average ER stay reduced by 50%, 47% discharged and not admitted to hospital
- **CSBs**
  Highland Rivers CSB: 50% not admitted, ER length of stay reduced 50%
- **Direct Access Units**
  Willowbrooke at Tanner: 70% not admitted to hospital; but GCAL board problems

Number of Youth Served at PRTFs in Georgia

Table 1: Number of Youth Served at PRTFs in Georgia

	PRTF	GA	Out of State
Hillside	400	318	82
Youth Villances	304	137	167
Laurel Heights	482	342	140
Coastal Harbors	413	324	89
Totals	1599	1121	478
Percentages		70%	30%

DBHDD Bed Capacity Study

Background and Goals of the Study / Strategic Plan | Overview

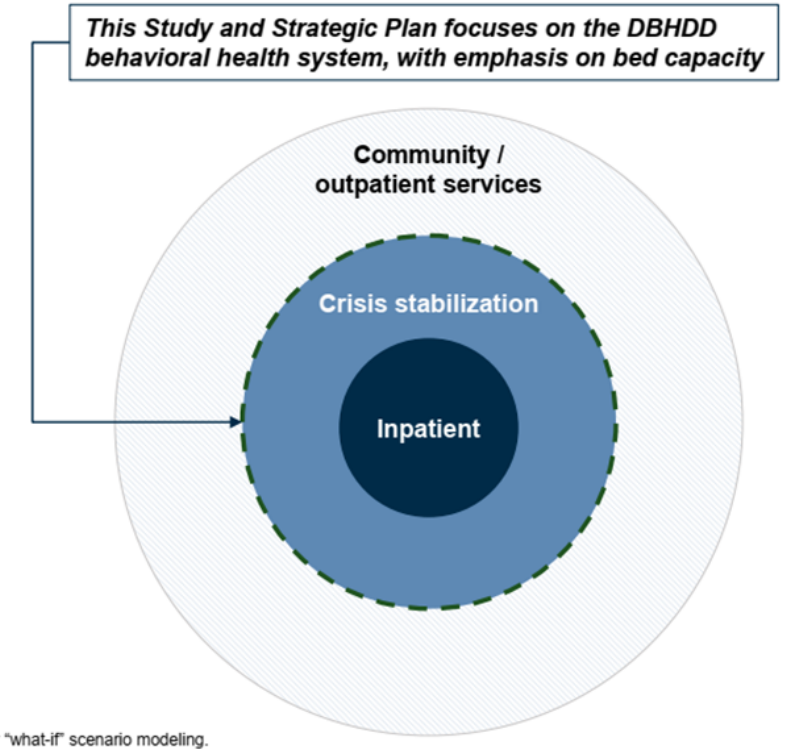
DBHDD retained A&M to develop a behavioral health crisis and forensic bed projection model to assist DBHDD in determining where and when to make additional investments in bed capacity. This Study illustrates the outputs of that model.

Goals of the Study

1. Assess the **historical and current utilization** of the Georgia behavioral health crisis and forensic system.
2. Identify **future needed bed capacity**, where, of what type, and when over a 10-year period (2023 – 2032)[1]; and
3. Make **recommendations and identify constraints** that may have an impact on bed demand and needed capacity.

Populations considered in this Study

1. Uninsured adults and C&A receiving behavioral health crisis services; and
2. Adults involved in the criminal justice system receiving forensic behavioral health services.

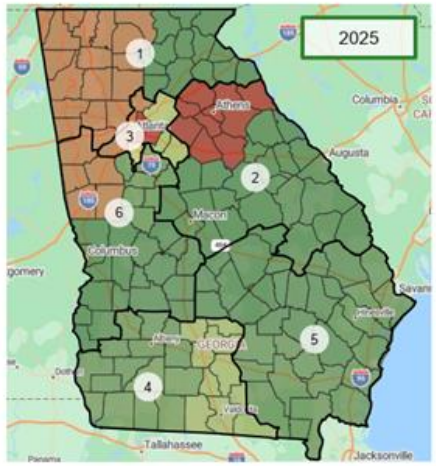


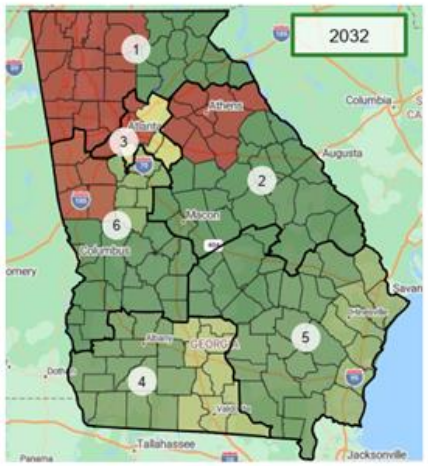
1. Future needed bed capacity is derived from a projection model and business intelligence tool developed for DBHDD that allows for "what-if" scenario modeling.

DBHDD Bed Capacity Study

Bed Projections | Adult Behavioral Health | Summary

Adult behavioral health bed need is greatest in the northwest corner of Georgia, concentrated in Regions 1, 2, and 3. These regions, along with Regions 4 and 6, will need a total of eight additional facilities by 2032 to meet demand.





Region #	2025 Alt. Gap + SH Excess	2025 Potential Net-New Facility Need	2027 Alt. Gap + SH Excess	2027 Potential Net-New Facility Need	2032 Alt. Gap + SH Excess	2032 Potential Net-New Facility Need
1	14	1	19	0	27	0
2	21	1	24	0	30	0
3	72	3	76	0	87	1
4	10	0	12	1	13	0
5	2	0	1	0	4	0
6	6	0	8	0	13	1
Totals	**125**	**5**	**140**	**1**	**174**	**2**

Any decreases in gaps between periods are attributable to new capacity coming online

Assessment

The model suggests that Georgia will need **an additional eight facilities (BHCCs with 24 CSU beds and 16 TempObs chairs) over the next 10-year period** in order to meet growing demand for crisis beds. The timing and location of these new facilities will vary depending on region and service area:

- **Region 1:** 1 new facility by 2025
- **Region 2:** 1 new facility by 2025
- **Region 3:** 3 new facilities by 2025 and 1 additional facility by 2032
- **Region 4:** 1 new facility by 2027
- **Region 5:** no new facilities needed
- **Region 6:** 1 new facility by 2032

The model also suggests there is a material near-term need for most of these additional facilities: **five of the eight facilities are needed before 2025**.

This projected need assumes that Georgia is able to meet optimal occupancy for all of its existing facilities; **if this is not achieved, the number of needed additional beds and facilities will be greater.**

While creation of new BHCCs can reduce the use of state-contracted private hospital beds by 2025, Georgia will need to **address temporary gaps before new facilities come online by continuing to use state-contracted private hospital beds** in the short term. This also assumes that **adjacent service areas with spare capacity can take on volume from service areas with an anticipated gap** within the same region.

A region-by-region breakdown is presented in subsequent slides.

A new facility is assumed to be needed when a region's projected bed need is 50% or more of the bed capacity of a BHCC (i.e., 12 out of 24 beds).

ALVAREZ & MARSAL

Priority #7

Hospital Bed Study

Conduct a study of Georgia hospitals to evaluate the number of behavioral health patients seen each year, the average wait times and barriers to placement to better understand the need for the increased number of beds. Make recommendations based on results.

Priorities

#1: Establish a state funded Georgia Mental Health Consortium

#2: Establish a parity compliance review panel and require health care providers to report suspected behavioral health parity violations

#3: Guarantee provider network adequacy

#4: Simplify and correct licensure process and developing innovative workforce pathways for all levels of education

#5: Create a central interactive data hub that can be used to predict the supply and demand of Georgia's behavioral health workforce

#6: Encourage Pre-Hospital Admission Evaluations

#7: Conduct a study of Georgia hospitals

Georgia Behavioral Health Reform and Innovation Commission

Addictive Diseases Subcommittee

Chair Taylor Peyton, MPH, Opioid Abatement Liaison for the Georgia Department of Behavioral Health and Developmental Disabilities

Addictive Diseases Subcommittee Work

- Six meetings were held by the subcommittee between August 11th and November 5th, 2025, with the following themes discussed:
  - ✓Standardization of Recovery Residencies & Access to MAT Services
  - ✓Limitations of the DATEP Licensure and the Role of Recovery Community Organizations
  - ✓Forensic Peer Mentorship Programs
  - ✓Collegiate Recovery Programs & Access to Treatment Concerns
  - ✓Alternatives to Discipline for Nurses in Recovery & Prevention Initiatives
  - ✓Maternal Health and Substance Use & Licensure for Certified Addiction Counselors

Priority Recommendations - Recovery Residences Licensure

1. Establish a state-wide licensure for recovery residence and establish DBHDD as the licensing body.

The Addictive Disease Subcommittee's first priority is to create standards of ethics and quality for Recovery Residences through the establishment of a statewide licensure.

Priority Recommendations – DATEP Licensure

2. Expand the code of the DATEP licensure to be inclusive of alcohol-only substance use patients. Change definition of Drug Abuse to include alcohol and its derivatives, removing excluding language.

The Addictive Disease Subcommittee seeks to improve access to care for alcohol-only substance use patients by amending the code of the DATEP licensure.

Priority Recommendations – Criminal Justice

3. Expand and fund Forensic Peer Mentorship programs in partnership with the Department of Community Supervision to reach inmates of every Georgia jail and prison and returning citizens in mandated substance use services across the state.

a) Implement initial pilot program to fund 5 Addiction Recovery Support Centers (ARSCs) to integrate forensic peer mentors in various local jail and prison settings ($250,000).

Priority Recommendations – Nurse Practice Act

4. Amend the Nurse Practice Act and strengthen Alternatives to Discipline for Georgia nurses such that when they report a substance use problem, their license is suspended rather than revoked, their substance use treatment is covered, and they are supervised for 2 years rather than 3, resembling the nurse Alternatives to Discipline measures enacted by the state of Arkansas.

Priority Recommendations – Nurse Practice Act Cont.

a) There should be two clearly defined pathways for nurses with substance use determined by their behavior at work.

i) Care, treatment, and job protection should be paramount for nurses who self-report their substance use without any prior incident.

ii) The pathway for nurses who have a reportable incident at work should prioritize the protection of patients and employer.

b) Nurses who have not been involved in a reportable incident at work, should not be reportable to the Board of Nursing or other relevant Licensing Boards based upon their attendance of services alone.

c) Nurses described by point a.i. who have self-reported an alcohol, substance, or mental health disorder, should be assessed to determine whether their substance/alcohol use should be reported to the Board of Nursing or relevant licensing board.

d) A new Behavioral Health section should be added to the Nurse Practice Act.

Priority Recommendations – CAC Licensure

5. Provide Licensure for Certified Addiction Counselors (CACs) through the Georgia Licensed Addiction Counselor Act, empowering CACs to bill insurance and expanding the mental health /substance use disorder therapeutic system without creating new bureaucracy or new taxes.

Priority Recommendations – CAC Licensure Cont.

- **5.** The Georgia Licensed Addiction Counselor Act will:
  a) License Georgia's Certified Addiction Counselors through the Georgia Addiction Counselors Association (GACA).
  b) Expand access to treatment by allowing these licensed professionals to bill Medicaid and private insurance for the services they already provide.
  c) Elevate professional parity, putting addiction counselors on the same playing field as LPCs, LCSWs, and LMFTs. Addiction Counselors are licensed in 31 states.

It has been proven that licensing addiction counselors improves access to care, reduces turnover, and strengthens public trust in the therapeutic field.

Conclusion

Overarching Themes

- ✓**Licensure**: New Licensures for Recovery Residences and CACs, Expansion of DATEP Licensure
- ✓**Criminal Justice**: Expansion of Forensic Peer Mentorship in Carceral Settings
- ✓**Workforce**: Nurse Practice Act Alternatives to Discipline

Georgia Behavioral Health Reform and Innovation Commission

Mental Health Courts & Corrections Subcommittee

Chair Justice Verda M. Colvin

Supreme Court of Georgia

All You Need to Know About…

Opening Doors to Recovery

View Point Health

Behavioral Health Reform and Innovation Commission

November 21, 2025

Chad Jones
View Point Health

The Mission…

ODR helps individuals with serious mental illness reduce arrest recidivism by using community navigation to help access to housing, employment, healthcare, establishing a purpose driven approach to their recovery.

Model consists of intensive therapy, peer support and care coordination with 24/7 on-call access. Treatment plans are customized to best support individualized care.

The Care…

- 24 hour on-call crisis support.
- Treatment plans are individualized with action steps.
- 30 individuals served by the ODR team at one time – allows for more specific attention.
- One year service authorization.
- Staff driven aftercare up to six (6) months.
- Individual driven aftercare after six (6) months where individuals can still reach out to the team if needed.
- And...effective coordination with Law Enforcement systems and processes.

The Coordination…

All ODR clients enrolled are flagged in the Georgia Crime Information Center (GCIC) so if law enforcement respond to any event, a message is attached that gives specific information on how to contact the ODR team.

This linkage significantly diverts from arrest and allows better access to mental health services.

A signed Release of Information is signed by the participant and sent to the GBI.

The Example…

Linkage System

ODR Rockdale
Notification to Law Enforcement

* * ATTENTION * * *
THE BELOW INDIVIDUAL IS A POSSIBLE PARTICIPANT IN OPENING DOORS TO RECOVERY (ODR) ROCKDALE: ODR PARTICIPANTS ARE INDIVIDUALS WITH MENTAL ILLNESSESS WHO ARE IN A TREATMENT PROGRAM. IF CONTACT IS MADE WITH THE PARTICIPANT, CALL 678-708-5234

Participant Info NAME:PINK,PAUL B SEX:M RACE:W DOB:19400101
Participant Info HAIR:BLK EYE:BRO HGT:600 WGT:197 SOC:012343211 OLN:44556677 SID:1234

*** Actual Inquiry: 00003/08/22 15:14 MFCT10000QWA.GA1240100.NAM/PINK, PAUL.DOB/19400101.SEX/M.RAC/W

The Results…

- 240 participants served
- Due to the high-risk nature, recidivism arrests would be approximately 108 with typical coordination.
- Recidivism arrests with ODR was 39.
- Types of arrests were minimized as well such as failure to appear and probation violation.
- Costs for standard coordination (e.g., case management) to serve same number of participants would be greater than $2,000,000
- Costs for ODR was less than $950,000.

Key Takeaway: ODR produces better results with less money

Questions?

chad.jones@vphealth.org

770-856-8019

Georgia Behavioral Health Reform and Innovation Commission

Forensic Competency Subcommittee

Chair Lindsay Burton, Superior Court Judge of the Northeastern Judicial Circuit

Impact of Legislative Changes

- The Northeastern Judicial Circuit has implemented the “preliminary hearing” that is now required by SB 132- these hearings were held prior to the passage of the law and we have ALREADY seen an increase in the number of diverted cases.

Training

- Judge Kathy Gosselin and Dr. Julie Oliver presented at the Council of Superior Court Judges' Summer Conference. In addition, Judge Gosselin, Dr. Oliver and Judge Burton are completing judicial training per judicial circuit to talk through the process and answer questions unique to each circuit.

Forensic Competency Subcommittee Work

- Two meetings were held by the subcommittee between July 21st and October 31st, 2025, to discuss individuals with IDD or dementia who have been found not competent, not restorable and not being civilly committed. This is a unique population because mental illness is not causing the individual to be incompetent. This is a multi layer problem that requires the insight of multiple different state agencies and court systems.

Recommendation

- To create a pilot program that brings together DBHDD, DHS, probate court, trial courts, prosecutors, defense attorneys, and any local agencies able to provide services to staff these cases and consider a treatment plan and/or placement for these individuals that do not include a state hospital or jail.

Georgia Behavioral Health Reform and Innovation Commission

IDD Subcommittee

Chair Carol Britton Laws, PhD

Institute on Human Development and Disability, University of Georgia

IDD Subcommittee Work

Subcommittee Members: Chair- Dr. Carol Britton Laws, Dr. Harry Hamm, Senator Sally Harrell, Deanna Julian, Cindy Levi, Gwen Skinner, Ron Wakefield

Four meetings were held by the subcommittee between August 20th and October 22nd, 2025, with the following themes discussed:

- An update from the IDD Workgroup on progress and recommendations.
- Increasing support for the DSP workforce.
- GVRA programs and Competitive Integrated Employment in Georgia.
- Statewide Needs Assessments; Topics of concern for people with disabilities and families in GA; Data on out of state placements of people with IDD

Presenters to the IDD Subcommittee

- The Department of Behavioral Health and Developmental Disabilities (DBHDD)
- UMN Institute on Community Integration
- Georgia Vocational Rehabilitation Agency (GVRA)
- Advancing Employment
- Institute on Human Development and Disability, UGA
- Sangha Unity Network
- Center of Excellence for Behavioral Health and Wellbeing, GSU

IDD Subcommittee Overarching Themes

- Alignment with current efforts to improve the Planning List process and consider a new waiver
- Enhancing the direct support professionals workforce
- Increasing employment opportunities for people with disabilities
- Transition services

Priority Recommendation #1

- Utilize the urgency criteria created by the DBHDD IDD subcommittee on Assessment and conduct a validation study of the new assessment instrument.

Priority Recommendation #2

- Utilize the 3-tier Planning list structure as recommended by Guidehouse, but with a revision to the original timeframes

  a. Immediate list – individuals need services within the current fiscal year

  b. Planning list – individuals will need services within the next 1-5 fiscal years

  c. Forecasting list – individuals will need services in the next 6+ fiscal years

Priority Recommendation #3

- Set aside an amount of state dollars to continue capacity to serve individuals who do not need as intensive services as NOW/COMP waiver.

Priority Recommendation #4

- Look at how to sustain the Direct Support Professional (DSP) Certification pilots via the Medicaid rate by including them in the next rate study.

Priority Recommendation #5

- Improve communication between GVRA, schools, and providers and strengthen GVRA partnerships with DOE, DBHDD, and Workforce Development.

Looking Ahead: Priorities for 2026

- Transportation
- Affordable and accessible housing
- Sustainability and growth of participant direction
- Workforce development
- Planning List
- Provider Enrollment Processes

Georgia Behavioral Health Reform and Innovation Commission

Children and Adolescent Behavioral Health Subcommittee

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

Children & Adolescents Subcommittee Work

Subcommittee Members: Chair-Dr. Eric Lewkowiez, Dr. David Bradley, Dr. Garry McGiboney, Department of Juvenile Justice Commissioner Shawanda Reynolds-Cobb, Miriam Shook, Gwen Skinner, Dr. Sarah Vinson.

Seven meetings were held by the subcommittee between February 20th and October 16th, 2025, with the following discussion items:

- Substance Use/Abuse and Prevention
- Autism
- Developmental Disabilities
- Treatment of Adolescent Substance Use
- Suicide Prevalence, Suicide Ideation, and Suicide Risks Among Children and Adolescents
- Children and Adolescent Mental Health Access to Essential Services
- Mental health needs of youth in Juvenile Detention

Presenters to the Children & Adolescents Subcommittee

- Council on Alcohol and Drugs
- Pathlight Counseling
- Georgians for Responsible Marijuana Policy
- Crossroads
- Viewpoint Health
- Medical College of Georgia
- Georgia Council on Developmental Disabilities
- Center for Leadership in Disability at Georgia State University
- Suicide Prevention Center at the Catholic University of America
- Georgia Department of Juvenile Justice
- Georgia Family Connection Partnership
- 2Gen Family Integrated Care
- Department of Behavioral Health and Developmental Disabilities

Children and Adolescents Subcommittee Overarching Themes

- Substance Use Disorder Prevention and Regulation
- Youth Recovery Supports and Services
- Autism and Developmental Disabilities Trauma Care and Case Management
- Systems of Care for Children and Adolescents
- Perinatal, Neonatal, and Maternal Health Supports

1. Address Substance Use Disorder Prevention and Regulation

- Invest in SUD prevention services.
- Only expand legal medical marijuana use with peer-reviewed, consensus medical opinion and FDA approval.
- Close the Delta 8 loophole that leaves many forms of high THC hemp-derived consumable products unregulated.
- Increase access to treatment for cannabis use disorder.

The recommendation focuses on reducing harm from cannabis and related substances through a combination of prevention, regulation, and treatment strategies. It calls for increased investment in prevention programs, restricting cannabis expansion to medically proven uses, closing regulatory loopholes related to Delta-8 THC, and expanding access to specialized treatment for adolescents with cannabis use disorder.

2. Expand Youth Recovery Supports and Services

- Establish more youth clubhouses across Georgia.
- Enhance the peer support workforce (CARES and CPS-Y).
- Invest in intensive outpatient and inpatient treatment for teens with SUDs.
- Remove barriers for DJJ youth to access inpatient SUD treatment.
- Build supportive systems by increasing referral networks, offering navigation supports between multiple sectors of care and services, implementing co-location of services, developing effective reimbursement models, and addressing social determinants of health.

The recommendation focuses on expanding access to youth recovery and treatment programs across the state, strengthening peer support programs, increasing treatment options (including telehealth and telemental health), and removing barriers that prevent justice-involved youth from receiving SUD treatment while in detention or when under community supervision.

3. Expand Autism and DD Trauma Care and Case Management

- Examine opportunities for health insurance companies, healthcare providers, and Community Service Boards to embed the Social Communication, Emotional Regulation, Transactional Support (SCERTS) framework into case management and provide SCERTS training for educators through RESA.
- Screen for trauma and suicide ideation in autistic youth and use trauma-informed care practices in all healthcare settings as part of Safety Planning Intervention.
- Increase the number of providers who are trained to work with autistic and DD youth by promoting awareness trainings in medical, nursing, dental, and allied health programs.

The recommendation focuses on embedding the SCERTS framework and trauma-informed practices across education, healthcare, and community systems to better support autistic children and adolescents. It also emphasizes expanding screening for trauma and suicide ideation with autistic and developmentally disabled children and adolescents and integrating autism and developmentally disabled awareness training into all health professional training programs.

4. Strengthen Systems of Care for Children and Adolescents

- Explore options to expand the number of beds available for youth in acute crisis.
- Build supportive systems by increasing referral networks, offering navigation supports, implementing co-location of services, and addressing social determinants of health.
- Revise state agency policies and practices to recognize the Department of Juvenile Justice (DJJ) as a referral source for psychiatric residential treatment facilities (PRTFs).

The recommendation calls for building coordinated, data-driven systems of care for youth with developmental disabilities and complex mental health needs, aligning healthcare and social supports, and engaging insurers and regulators to address the emotional wellness needs of youth while ensuring the sustainability of services to enhance continuity and prevent disruption of services.

5. Expand Perinatal, Neonatal, and Maternal Health Supports

- Neonatal intensive care unit (NICU) staff to engage families in the care of their infant while in the NICU and during transition home and health insurance companies to provide resources (e.g., lodging, food, etc.) for families' engagement in NICU care.
- Expand NICU Peer Recovery Coaching provided by the Georgia Council for Recovery.
- Expand access to maternal physical and mental health care, especially in rural areas.

The recommendation is to promote a family-centered, prevention-focused, and recovery-informed approach to maternal and infant health by training NICU staff to engage families in the care of their children during and after hospitalization, expanding access to Peer Recovery Coaching, and increasing access to essential maternal care through telehealth and other outreach strategies.

BHRIC Subcommittee on Children and Adolescents 2025 Key Findings and Recommendations

These recommendations outline a coordinated, prevention-focused, and data-informed approach to strengthening Georgia's behavioral health continuum—from early intervention to specialized treatment and system sustainability. By aligning education, healthcare, and community systems, Georgia can reduce harm, close service gaps, and ensure that children and adolescents have equitable access to care that supports long-term health and resilience.