

## Summary of HB 520

(as passed by the House – 163-3 – on March 2, 2023)

**Section 1--** The Department of Community Health (DCH) shall work with the Department of Behavioral Health and Developmental Disabilities (DBHDD) to conduct a study to review the department's policies and practices and recommend changes to enable the Department of Juvenile Justice (DJJ) and the Department of Human Services (DHS) to:

- Serve as a referral source for psychiatric treatment residential facilities;
- Develop a direct referral process to enable the DJJ and DHS to refer juveniles in DJJ's secure facilities to crisis stabilization placements.

The study and its recommendations shall be submitted to the Governor and the General Assembly no later than December 1, 2023.

**Section 2-** The law relating to the establishment by state health benefit plans and the use of step therapy protocols, exception process, time requirements, appeals, construction, and application, is amended to prohibit a health benefit plan from imposing a step therapy protocol for a prescription drug prescribed for the treatment of serious mental illness, as defined by DCH.

### **Section 3**

Imposes the following obligations on DBHDD:

- Develop a definition of "severe mental illness," In collaboration with BHRIC, DOC, DJJ, Dept of Community Supervision, and others to ensure accurate and consistent data collection from law enforcement.
- Subject to available funding, use one or more community service boards to serve as county-based coordinators for collaboration between criminal justice and behavioral health providers.
- Coordinate the establishment of a state-wide public-private partnership to serve as a clearinghouse and resource for best practices, information, and resources to support development and implementation of practices for "familiar faces" - individuals with serious mental illness who have frequent contact with the criminal justice, homeless, and behavioral health systems.
- Subject to funding, conduct a pilot program with county jails to implement validated behavioral health screening to expand the use of best practice behavioral health screening in jail credentialing and standards.

- Subject to funding, establish a grant program to build local capacity with funding and technical assistance for one or more counties to create or expand collaborative jail in-reach and reentry programs. Such programs focus on “familiar faces” and seek to reduce recidivism by pairing individuals exiting incarceration with community resources to assist them in becoming self-sufficient
- Provide an annual report to the Governor and the General Assembly on any grant funding disbursed pursuant to the pilot program or grant program (previous two bullet points), including any progress toward the goals of the state and its counties resulting from such pilot program or grant program, and recommendations as to the expansion of such pilot or grant program statewide.
- Conduct a comprehensive study of the public behavioral health workforce in Georgia, including staffing at the department, state behavioral health care facilities, and community service boards to identify gaps and challenges in the workforce, better understand recruitment and retention challenges, and allow for targeted solutions to address shortages impacting those most in need of behavioral health care in Georgia, such study to be completed by December 1, 2023 and provided to the Governor, the General Assembly, the Behavioral Health Reform and Innovation Commission (BHRIC), and the Office of Health Strategy and Coordination (OHSC)

**Section 4** - Two peer support specialists are added to the BHRIC, increasing size from 24 to 26 members.

**Section 5** – Makes two amendments to the statute establishing the Behavioral Health Reform and Innovation Commission: (1) directs BHRIC, together with listed agencies, to develop definition of “serious mental illness,” and (2) directs BHRIC to prepare a comprehensive, multiyear plan to further expand the use of forensic peer monitors.

**Section 6** - The statute establishing BHRIC is amended to require the commission to convene a task force on reviewing and building a continuum of care to ensure access and appropriate use of the behavioral health system and the criminal justice system. The task force shall:

- Undertake a study on access to inpatient behavioral health beds in Georgia, including the current capacity of inpatient behavioral health beds, the number of beds for varying acuity levels, the location of beds, the percentage of beds being used by in-state residents and out-of-state residents, the number of such beds deemed necessary to meet the needs of the state, and make recommendations for any needed capacity building.
  - The study shall also include a review of the continuum of crisis services to determine if changes can be made in other points on the continuum that could relieve capacity needs on inpatient behavioral health beds, including examining the need for non-crisis resources, such as psychiatric respite beds and other resources and services to all for interventions before a crisis occurs.
  - The study may also include:
    - Recommendations on the implementation or expansion of programs (e.g., clubhouses) that provide continued care for youth with behavioral health needs and substance use or abuse issues for youth referred by core providers, schools, and the community outreach programs.
  - The study shall base any recommendations on outcomes, including, decreasing wait times for placement to services and streamlining care connections while keeping individuals in the community when that is the most appropriate setting;
- Conduct a formal review of challenges with getting competency evaluation and restoration services in Georgia. The review shall include identifying promising and best practices for reducing wait times for competency evaluations and document successful diversion 'off-ramps' to limit criminal justice involvement when appropriate.
- Review state forensic laws, regulations, and policies affecting the interaction of individuals with behavioral health issues between the criminal justice system and the behavioral health system.
- Conduct a study of means to increase available capacity of child and adolescent substance misuse intensive outpatient programs.

The statute establishing BHRIC is amended to require the commission to convene a task force to examine issues relating to the impact of behavioral health on the state's homeless population.

- Task force members shall be appointed by the chairperson of the commission and shall be composed of relevant state and local officials, representatives of advocacy groups, experts, and other stakeholders.
- The task force is directed to:
  - Identify all state and local government agencies, nonprofit organizations and others providing services and expending funds to help the homeless population and identify all funding sources;
  - Make recommendations on how to better coordinate such government agencies and nonprofit organizations, services, and money;
  - Make recommendations on creating a system for government agencies and nonprofit organizations to share data about individuals being served;
  - Study and make recommendations on ways to improve the transition from the Department of Corrections to the community as it relates to housing and wrap-around services
  - Make overall recommendations on ways to decrease the number of individuals who have a behavioral health issue and are homeless.
- The task force is to complete its duties and submit its findings and recommendations to the commission, the Governor, the General Assembly, and the Office of Health Strategy and Coordination no later than December 1, 2023.

**Section 7** - Amends eligibility standards for referral of persons to assisted outpatient treatment program pilots by deleting subsection (c)(2) of the relevant statute.

**Section 8** - Allows agency heads to appoint delegates to attend and participate in meetings of the Behavioral Health Coordinating Council.

**Section 9** Repeals and reserves an OCGA Section relating to formulation and publication of state plan for disability services.

**Section 10** – Slight amendment to law on involuntary committal for a person with mental health challenges to require that the documentation provided to the court by either (a) a physician, or (ii) two individuals filing affidavits with the court be kept with the court order and transmitted to the treating mental health provider,

so as to provide that provider with insight into the factors precipitating involuntary commitment.

**Section 11** – Same thing as in Section 10, but this section applies to OCGA Section 37-7-41 as it pertains to a person who the physician or affiants believe to be an alcoholic, a drug dependent individual, or a drug abuser requiring involuntary treatment. [Note: Unfortunate and archaic terms used to reflect existing statutory language.]

**Section 12** -- Directs OHSC to study licensing requirements of boards that license behavioral health care professionals in Georgia to identify any barriers to entry or licensure to ensure the state has sufficient workforce to address the needs of its citizens. The study is to identify ways to modernize licensing practices by:

- Reviewing and updating the systems and processes used by designated professional licensing boards to receive and review license applications and renewals
- Creating a pathway for foreign-trained practitioners to gain licensure in Georgia, including licensure by endorsement or temporary licensure under supervision pending final licensure
- Reviewing and updating practicum and supervision requirements for licensure to align more closely with requirements in surrounding states.

OHSC is to complete the study and submit its findings and recommendations to the Governor, the General Assembly, the Secretary of State, and the Behavioral Health Reform and Innovation Commission no later than December 1, 2023.

**Section 13**-- Waiver of all or a portion of the experience requirements for licensure for any applicant licensed under the laws of another jurisdiction who has maintained full licensure in good standing in such jurisdiction for a minimum of two years.

**Section 14** – Establishes alternative disciplinary process for mental health professionals experiencing behavioral health challenges.

**Section 15** -- Establishes alternative disciplinary process for nurses. Experiencing behavioral health challenges.

**Sections 16** —. Directs the Office of Planning and Budget hire a GDAC director to serve as the executive head of the GDAC and enumerates the director’s responsibilities.

Creates new data collection and sharing protocols for multiple state agencies, sets out a process for resolving disputes and minimizing delays in a manner consistent with state and federal law and regulation.

GDAC established as an agent of all executive state agencies sharing government information and an authorized receiver of government information under the statutory and administrative law that governs such information. Interagency and intra-agency data sharing shall not constitute a disclosure or release under any statutory or administrative law that governs the government information. In no event shall government information accessed, received, or obtained by the GDAC, which is protected by any form of confidentiality or privilege, cause such information to be subject to disclosure.

Establishes a presumption of data sharing between the executive state agencies, which presumption overrides all state laws to the contrary but shall not interfere with any agency's ability to require data sharing agreements to ensure data protection and security and compliance with federal law and regulations.

### **Section 17**

- Mandates DCH to ensure that by January 1, 2024, Medicaid coverage includes reimbursement for
  - Psychological diagnostic assessments under Current Procedural Terminology (CPT) Code 90791 and family therapy services under CPT Codes 90846 and 90847.
  - Services provided by licensed professional counselors, licensed marriage and family therapists, and certified peer support specialists in federally qualified health centers.
  - Eligible justice involved youth ages 18 to 21 years.
  - Specialized therapeutic foster services for persons under the age of 21 years and, when appropriate, their caregivers and families of origin to enable a recipient to manage and work toward resolution of emotional,

behavioral, or psychiatric problems in a highly supportive, individualized, and flexible home setting.

- Requires DCH to ensure that psychiatric hospitals are an eligible facility type for providing inpatient psychiatric facility services for persons under the age of 21 years enrolled in the fee-for-service delivery system of Medicaid
- Requires DCH to evaluate and update Medicaid reimbursement rates for autism spectrum disorder diagnostic assessments and services, in collaboration with DPH, DBHDD, Georgia Chapter of the American Academy of Pediatrics, the Marcus Autism Center, the Anna Shaw Children’s Institute, and other relevant medical organizations to identify the full array of qualified provider types who can diagnose, treat, and support autism spectrum disorders and policy solutions for barriers to diagnosing and treating autism spectrum disorder.
- DCH is required to undertake all necessary steps to secure approval from the United States Department of Health and Human Services under the Social Security Act to allow the usage of Medicaid or other federal funds received by Georgia to provide nutrition, housing, and employment supports, and case management, outreach, and education services to eligible recipients and their caregivers (if the recipient is under the age of 19 years).

**Section 18** – Repeals a DBHDD report requirement subsumed in reports required by HB 1013.

### **Section 19**

- Expands student loan cancellation program for mental health professionals who are working in mental health field delivering services.
- Expands data collection to identify more fully identify listed mental health professionals to provide information on workforce composition (e.g., type of professional, geographic location, services offered) to facilitate more informed workforce decision-making.

### **Section 20**

DCA is required to undertake the following actions to address ways to increase supportive housing development for the 'familiar faces' population:

- No later than December 1, 2023, issue guidance on the establishment of tenant selection plans that do not create criminal record related barriers to housing unrelated to fitness as a tenant.
- Assess feasibility of housing set-asides for the 'familiar faces' population and inventory current programs to determine what level of these resources could be set aside for the 'familiar faces' population.
- Increase supportive housing development for the 'familiar faces' population, by establishing incentives in the department's annual Qualified Allocation Plan (QAP) to allocate resources to increase supportive housing supply, such as Low-Income Housing Tax Credits (LIHTC), to finance new housing supply.
- Identify ways to seed a landlord incentive fund with federal funding to be matched with private funds and allocated regionally to incentivize more landlords to rent to the 'familiar faces' population, such as leasing incentive payments and risk mitigation funds. 1302 (b)

DCA is to submit an annual report to the Governor and the General Assembly regarding the status and progress of the foregoing initiatives.