



# Building on Success in 2022: Georgia's Year of Mental Health

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GEORGIA ASSOCIATION OF MARRIAGE  
AND FAMILY THERAPISTS

LEGISLATIVE COMMITTEE TOWN HALL

NOVEMBER 19, 2021

# HB 591: Success to Celebrate

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- One Year ago when we met at this virtual Town Hall meeting...
  - No Bill and No Sponsor
  - Recommendation of the Behavioral Health Reform and Innovation Commission on LMFTs and 10132/2013s
- HB 591 passed, was signed into law. and became effective July 1, 2021
  - Authorizing LMFTs to sign 1013s and 2013s
  - “Authorizes marriage and family therapists to perform certain acts which physicians, psychologists, and others are authorized to perform regarding emergency examinations of persons for involuntary evaluation and treatment for mental illness or alcohol or drug abuse.”
- Thanks to our sponsors and to all of you who made it happen!



# Advocacy to Build on this Achievement

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- We can take this success and build on it in 2022 (*Second of two-year session.*)
  - Helping legislators to fully understand who LMFTs are and what LMFTs do
  - Building relationships with the people who represent us
  - Demonstrating our commitment to the legislative process year round
  - Empowering more LMFTs to engage in advocacy
- Creation of a New Bipartisan Mental Health Caucus
- Commitment by Speaker David Ralston and other leadership to address mental health issues
- Unprecedented increase in need for mental health services, while Georgia has a drastic shortage of behavioral health and substance use professionals. Georgia ranked 48<sup>th</sup> in access to mental health care per [Mental Health America State Rankings 2022](#).
- Historic budget surplus along with unprecedented federal funding available

# 2022 is a BIG Election Year

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- Elections are the Ultimate “Teachable Moment” for Politicians. . .
- The Governor is up for re-election
  - Leads on the state budget and sets the revenue estimate;
  - Apportions \$4.8 Billion in federal American Rescue Plan Act funds;
  - Appoints the leaders in the Executive Branch, including members of Licensing Boards, agency heads and Boards that preside over Medicaid, Board of Regents, etc.
- All statewide Constitutional Officers are up for election/re-election:
  - Lieutenant Governor – Presides over the State Senate
  - Insurance Commissioner – Responsible for enforcing health insurance laws, including mental health parity
  - Attorney General – The State’s lawyer
  - Secretary of State – Presides over the professional licensing division
- All Members of the Georgia House and Senate are up for election/re-election

# Lots of Attention on MH in Special Session

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- House Health and Human Services Committee hearing on HB 752 Psychiatric Advance Directive
- House Appropriations Subcommittee on Human Resources hearing on DBHDD Budget, federal funding, and 988 Emergency Access Line
- House Special Committee on Access to Quality Health Care hearing on mental health access to care, mental health parity, and network adequacy

# Network Adequacy

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- [Research by Georgians for a Healthy Future in 2021](#)
  - Examined plans offered by the states three largest insurers
  - Albany, Columbus and Rome
  - Studied three provider types: primary care, cardiology and mental health/substance abuse
- Found on-line provider directories were woefully inaccurate despite a law passed in 2016 requiring that they be current and correct – Not being enforced due to inadequate resources for Insurance Commissioner.
  - Three-quarters of the listings had at least one inaccuracy (not in-network, not accepting new patients, not practicing at the location listed, inaccurate or inoperable phone number, or languages spoken inaccurately listed).
  - 20% of health care providers listed as participating in a plan’s network were not; in one directory 40% of the providers listed were not actually participating in the plan. Among the providers who were confirmed to be in-network, 13% were not accepting new patients; In one directory 25% confirmed in-network providers were not accepting new patients.
  - 15% of telephone numbers associated with providers listed in the directories were inaccurate or inoperable.
- Identified problems with “narrow networks” that limit patient access to care
- Recommended standardized quantitative requirements for network adequacy as recommended by NAIC (National Association of Insurance Commissioners).

# Omnibus Bill from Behavioral Health Reform and Innovation Commission

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- Bill still being drafted.
- Will reflect recommendations in [2021 Report of the Behavioral Health Reform and Innovation Commission](#).
- Governor allocated \$335,000 to hire a consultant to help identify actionable budget and policy recommendations for next year from the BHRIC work. A report is due prior to the legislative session. That includes a subcontract with the Council of State Courts to support the Commission's two criminal justice committees on diversion, especially for persons with serious mental illness.

# Omnibus Bill from Behavioral Health Reform and Innovation Commission

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- **Mental Health Parity**
- **Workforce and System Development**
  - Service cancellable educational loans for mental health or substance use professionals attending school in or outside Georgia repaid by practice in a geographically underserved area. LMFT's included.
  - Creation of public dashboard: Behavioral Health Care Workforce Data Base. Mandatory surveys by Licensure Boards on licensure and renewal regarding demographics; practice status, type, age range of persons served, and practice setting; education, training and primary and secondary specialties; average hours worked per week and weeks worked per year; percent of practice in direct patient care; plans for retirement within the next five years; existence of specialized training in treatment of children and adolescents and portion of practice for those age groups; and whether accepting new patients.



# Omnibus Bill from Behavioral Health Reform and Innovation Commission

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- **Assisted Outpatient Treatment (see also HB 590, Rep. Don Hogan)**
  - Outpatient civil commitment already the law in Georgia but has not fulfilled its potential to help vulnerable individuals avoid hospitalization and criminal justice system.
  - Proven successful in many other states, including NY, NC and Ohio with substantial reduction in hospitalizations, arrest, incarceration and a range of harmful behaviors, as well as substantial cost savings to the public mental health systems.
  - Georgia has not adequately funded or implemented key practices to be successful.
  - Creates three-year AOT grant program in five sites (CSBs and private providers and probate or other court beginning 10/31/22) to establish the efficacy of the AOT model and serve as a first step towards full integration of AOT.
  - AOT means involuntary outpatient care. Petition seeking involuntary outpatient care filed in probate court. Provide treatment and case management under an ISP to help patient maintain stability and safety in the community. Address noncompliance with care. Provide for transition to voluntary outpatient care. Establish a statewide database of persons in Georgia with behavioral health issues with high use of services, AOT, guardianship, incarcerations, multiple long-term hospitalizations or behavioral health emergency services, numerous encounters with law enforcement, etc.
  - Persons over 16, suffering from mental illness, determined by a physician or psychologist to be unlikely to survive safely in the community without supervision, history of lack of compliance with treatment and required involuntary hospitalization at least twice in past 36 months, or one or more acts of serious and violent behavior toward himself or others, or threatens such actions within the past 48 months. Refuses offers of voluntary care. Condition is substantially deteriorating.

# Omnibus Bill from Behavioral Health Reform and Innovation Commission

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- **Standard for Involuntary Commitment** – Inpatient and Outpatient
  - Eliminates requirement for “imminent” harm – just harm.
  - Eliminates requirement of unable to care for own “physical” health – just health and safety “so as to create a reasonable expectation that a life-endangering crisis or significant psychiatric deterioration will occur in the near future.”
- **Peace Officers** can take a person to a physician for emergency examination or to an emergency receiving facility without having committed a penal offense and if the person committed a penal offense the officer need not tender charges before taking to a physic or emergency facility. See also, HB 717 (Rep. Sharon Cooper)
- **Governor Appointed Diversion Committee** to research how to help local communities keep people with serious mental illness out of city and municipal jails and detention facilities.
- **Establish a Task Force on a Unified Formulary for Medicaid** for certain conditions, including mental health and substance use disorder.
- **Expand authority of BHRIC to partner with Department of Corrections to evaluate mental health wraparound services and connection to local MH resources to meet client needs on reentry.**

# Bills Carried Over from 2021

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- **HB 752 Psychiatric Advance Directive** (Rep. Sharon Cooper) House Health and Human Services
  - Definition of provider would encompass LMFTs, but LMFTs are the only category of behavioral health provider not listed – Need Amendment.
- **HB 713 Homeless Encampments** (Rep. Katie Dempsey) House Public Safety
  - Changes standard for emergency evaluation, eliminating requirement of “imminent” harm and changes 48-hour detention to 72 hours.
  - Diverts all state and federal funds for homelessness to parking lots, sanctioned encampments, temporary cabins, and conditions receipt of homeless funds to a city/county on criminal enforcement of constitutionally suspect anti-sleeping/anti-camping bans.
- **HB 702 Professional Licensing Boards treat home addresses of licensees as confidential** (Rep. Joseph Gullett) House Governmental Affairs

# Federal and State Funds Available

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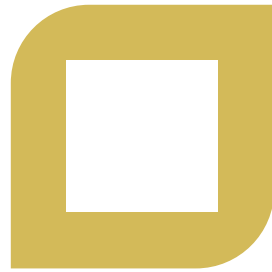
- State finished the FY 22 Budget year on June 30, 2021, with a record surplus of \$3.7 Billion
  - 10% Across the Board Cuts from FY 21 Budget enacted in the early days of Covid-19 have not been fully restored.
  - Even after funding the Rainy Day Reserve Fund with \$1.5 Billion, \$2.2 Billion remains unobligated.
  - Governor ordered all Executive Agencies to submit flat budget proposals for FY 23, with no increases.
  - Speaker Ralston promised \$75 Million for crisis beds.
- Georgia has received \$4.8 Billion in federal American Rescue Plan Act funds the Governor is free to allocate for infrastructure, covid economic impact, broadband, etc., and specifically includes mental health and substance use disorder purposes.
  - This is on top of other federal covid-related funds to city and county local governments, and to Executive Branch Departments for specific health, education, housing, and other purposes.

# *Thank You!*

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