

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

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**GEORGIA ASSOCIATION OF  
MARRIAGE AND FAMILY THERAPY**

**GAMFT LOBBY DAY**

**FEBRUARY 18, 2022**

# Georgia's Year of Mental Health

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- **Build on Our Success in Passing HB 591 in 2022 (*Second of two-year session.*)**
  - Help legislators fully understand who LMFTs are and what LMFTs do
  - Build relationships with the people who represent us
  - Demonstrate our commitment to the legislative process year round
  - Empower 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**
- **Historic budget surplus along with unprecedented federal funding available**
- **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](#).**

# 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**

# Behavioral Health Reform and Innovation Commission Bill Introduced: HB 1013

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- **HB 1013 referred to as Mental Health Parity Act**
- Reflects recommendations in [2021 Report of the Behavioral Health Reform and Innovation Commission](#).
- **Introduced by House Speaker David Ralston with bipartisan support from all of the House's majority and minority party leadership.** Assigned to House Health and Human Services Committee. First hearing held Feb. 16- 3.5 hours with broad support.
  - Bill will be changing. Substitute offered Feb. 16. Additional hearings next week with a new substitute bill with more significant changes promised.
  - Input is being sought for specific language changes.

# HB 1013: Mental Health Parity

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- Mental health parity is needed to comply with federal law on the books for 14 years, to increase access to insurance coverage for mental health and substance use treatment, and increase funds available to reimburse mental health professionals and substance use treatment.
- **Private health insurers (non-ERISA) are required to provide mental health and substance use coverage in accordance with the federal Mental Health Parity and Addiction Equity Act of 2008.**
- Insurers are required to provide data to the Insurance Commissioner explaining how processes used to approve and deny behavioral health coverage are no more restrictive than those used for physician health.
- Insurance Commissioner must include a parity analysis in conducting ongoing market examinations to determine compliance with parity requirements, publish reports, and streamline the consumer complaint process, with an annual report to the legislature.
- Dedicates staff position to analyze parity data, if funded.

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- Medicaid managed care, PeachCare for Kids, and State Health Benefit Plan must also provide mental health and substance use coverage in accordance with federal law, and submit an annual report to DCH explain how their processes to approve and deny behavioral health coverage are no more restrictive than for physical health.
  - DCH Commissioner to review compliance with parity, publish reports, establish a consumer complaint process and report annually to the legislature.
  - Updates definitions of “mental health or substance use disorder” to meet current clinical standards.



# HB 1013: Workforce System Development

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- **Service cancellable educational loans** for Georgia residents enrolled in educational programs, training programs, or courses of **study for mental health or substance use professionals** attending school in or outside Georgia repaid by practice in a geographically underserved area. **LMFT's included.**
  - Priority to programs and schools emphasizing providing care to underserved youth and students with ties to underserved geographic areas or communities disproportionately impacted by social determinants of health.
  - Must be repaid by practicing as a mental health or substance use professional in an approved geographic area in Georgia by one year of service for each year of academic study; or by cash repayment with interest.
- **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.

# HB 1013: Assisted Outpatient Treatment

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- **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.
  - **Who?** 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 themselves or others, or threatens such actions within the past 48 months. Refuses offers of voluntary care. Condition is substantially deteriorating.



# HB 1013: Statewide Registry

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- **Creates statewide information repository on Georgia residents with behavioral health issues who:**
  - Have had high utilization of services,
  - Involuntary outpatient treatment or assisted outpatient treatment orders,
  - Are under guardianships,
  - Are incarcerated or have had multiple incarcerations,
  - Multiple long terms hospitalizations,
  - Multiple behavioral health emergency services
  - Numerous encounters with law enforcement or
  - Other high usage of resources.
  - **For the purpose of improving outcomes for persons diagnosed with MH or SUD and assisting law enforcement agencies, courts, case managers and clinicians in providing safe treatment while reducing fragmentation.**
- **Must comply with federal and state privacy laws.**

# Involuntary Commitment and Diversion

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- **Standard for Involuntary Commitment** – Inpatient and Outpatient
  - Eliminates requirement for “imminent” harm – just harm.
  - Eliminates requirement of an inability to care for their own **physical** health and safety so as to create an **imminent** life endangering crisis. 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.”**
    - Some testimony objecting to these changes in the committee hearing including from **Georgia Advocacy Office**.
- **Peace Officers** may take a person to a physician for emergency examination or to an emergency receiving facility without their having committed a penal offense, and if the person committed a penal offense the officer need not tender charges before taking to a physician or emergency receiving facility.
- **Governor’s Office of Health Strategy and Coordination** partner with DOC and DOJJ to evaluate wrap around services and connect to local MH resources for reentry planning., seek to share information to assist with treating those under community supervision, oversee children’s behavioral health services to expand access to children’s BH services, disseminate best practices and partner with CSBs to insure that BH services are available and provided to adults and children, establish an advisory committee, increase access to certified peer specialists, etc. and report to the General Assembly by Dec.. 31, 2023.
- **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.
- **Implement a network of local co-response teams to increase pre-arrest diversion** and improve connection to community-based services for people with BH conditions coming in contact with law enforcement. One peace officer and one BH professional (does not specifically include LMFTs) to respond to 911 or calls involving a person in BH crisis. May refer person to community-based treatment or transport for emergency BH care in lieu of arrest. Create a pilot program for one year subject to funding..
- **Expand BHRIC authority to partner with DOC 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) Passed House. Senate HHS.**
  - **Allows competent adult to express their mental health care treatment preferences directly through written advance instructions and indirectly through appointing an agent to make mental health care decisions on their behalf.**
  - **Definition of “provider” of mental healthcare would encompass LMFTs, but LMFTs are the only category of behavioral health provider not specifically listed – Passed House. Amendment promised in Senate.**
- **HB 702 Professional Licensing Boards treat home addresses of licensees as confidential (Rep. Joseph Gullett) House Governmental Affairs Committee.**

# HB 972: Protecting LMFTs in LPC Rewrite

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**LPCs initiated rewrite of Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists Chapter with consequences for the law that affected LMFTs.**

- **High level engagement to secure needed changes:**

- Restore right of pastoral counselors and active members of clergy to practice
- Successfully opposed adding further LPC member of Composite Board
- Protected right of persons practicing in federal government settings without licensure
- Allowed change to eliminate unlicensed persons practicing with CSBs serving people with disabilities as no such persons existed
- Restored provision avoiding AMFTs having to take examination twice
- Agreed to elimination of two person reference from supervisors and/or teachers
- Restored right to licensure from another state by endorsement when requirements for licensure are substantially equal to Georgia's
- Add: persons licensed under the Chapter after April 26, 2006, are required to have a graduate level course regarding diagnosis.
- Successfully opposed raising holding oneself out or fraud in licensure application a felony with imprisonment of 2-5 years. Retained as a misdemeanor with increased fine of up to \$500 to \$1,000 or imprisonment for up to one year.

# Federal and State Funds Available

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- **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, including \$45 Million in SAMSA block grant funds for MH, and \$45 Million for substance use disorder.
- **\$600 Million Opioid settlement dollars** coming to Georgia for drug treatment/opioid abuse.
- **State finished the FY 22 Budget year on June 30, 2021, with a record surplus of \$3.7 Billion**
- **Revenues for first seven months of fiscal year up 17%.**
- 10% Across the Board Cuts from FY 21 Budget fearing Covid revenue shortfalls not fully restored.

# FY 23: Governor's Budget Items

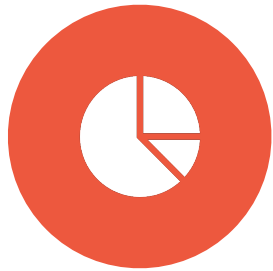
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## DBHDD (Increased funds)

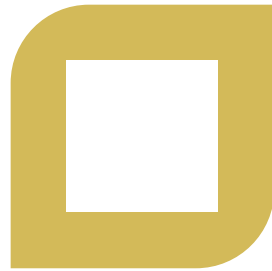
- 10% increase to adult addictive services \$1.7 Million
- 10% increase for core mental health services \$1.38 Million
- New crisis stabilization beds \$ 6 Million
- Medicaid reimbursement of psychiatric and behavioral health management services \$2.75 Million
- 3 Assisted Outpatient Treatment programs \$4.5 Million
  
- ***Budget is in the House Appropriations Committee now and will continue to change as it goes to the Senate and then to the Governor for signature (with line item veto authority over Budget).***
- **Commitment from legislative leadership to fund what is needed to implement HB 1013.**
- **DCH has acted to include LMFTs in provision of children's EPSDT services as independent providers.**

# *Thank You!*

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