

Recommendations of the Commission on Children’s Mental Health

After a number of years examining the various needs of the child and youth population in Georgia, a recurring theme emerged from a number of legislative study committees and at least one administrative reform commission (Child Welfare Reform Commission, 2016): the need for the state to strengthen its focus on children’s mental and behavioral health. To address such concerns, Governor Nathan Deal appointed the Commission on Children’s Mental Health in June of 2017. The following are the recommendations adapted from the report of that commission, released on December 11, 2017. The full report can be found at <http://bit.ly/2yiMmgB>. In the SFY 19 budget, over \$20 million was allocated to support all eight recommendations of the Commission. More on the budget can be found at <https://tinyurl.com/ydd3nhz4>.

A	Increase access to behavioral health services for Georgia’s school-aged children by sustaining and expanding the Georgia Apex Program (GAP) for school-based mental health.
Challenge to be Addressed	Need for better coordination and collaboration among school systems, mental health providers, and other community stakeholders
Desired Impact	Increased access to a continuum of behavioral health care for children and families
Target Ages	Pre-K through 12 th grade

B	Fund Supported Employment/Supported Education programs for youth and emerging adults with severe mental illness.
Challenge to be Addressed	Need for access to employment and recovery opportunities for individuals with severe mental illness
Desired Impact	Sustained and increased access to supports for employment and related recovery activities
Target Ages	Ages 16 to 26

C	Provide support for the development and implementation of additional levels of support within the behavioral health continuum of care for youth with the highest levels of need.
Challenge to be Addressed	Gaps in the continuum of care for children with behavioral health needs; need for additional levels of care, enhanced workforce training, and awareness of emerging conditions
Desired Impact	Youth at the highest level of need would be able to access more appropriate urgent and responsive care, such as those requiring specialized foster services centered around care coordination
Target Ages	Ages 4 to 26

D	Strategically increase telemedicine infrastructure capacity for child-serving, community-based, behavioral health provider organizations in order to improve access to children’s behavioral health services.
Challenge to be Addressed	Significant difficulties in accessing behavioral health services, especially in rural areas, for children and families; lack of widespread flexible infrastructure for telemedicine
Desired Impact	Increased access to children’s behavioral health services, especially in rural areas
Target Ages	Ages 4 to 26

E	Invest in coordinated training for priority areas of interest and concern for the child-serving workforce . This may include additional clinical training in evidence-based practices, including trauma-informed care, and may also include administrative practices that support the delivery of high quality behavioral health services across service settings.
Challenge to be Addressed	Need for a coordinated system of high-quality training for the behavioral health workforce to avoid redundancies and reduce gaps
Desired Impact	Advance the planning, coordination, and delivery of behavioral health workforce training
Target Ages	Staff members of clinical providers, state agencies, and stakeholder groups in need of training

F	Fund expanded provider training, fidelity monitoring, technical assistance, and evaluation for evidence-based High Fidelity Wraparound (HFW) .
Challenge to be Addressed	Need for guidance, evaluation, and training providers of High Fidelity Wraparound (HFW) to meet growing demand and ensure positive outcomes
Desired Impact	Increased access to HFW for providers which will help more youth remain in their communities
Target Ages	Ages 5 to 21

G	Support multi-pronged early intervention and prevention approaches to combat the opioid crisis among Georgia's youth and emerging adults.
Challenge to be Addressed	Need for multifaceted approach to the growing trend of opioid and prescription drug misuse
Desired Impact	Decreased opioid misuse, abuse, and overdose deaths
Target Ages	Ages 10 to 25

H	Support a multi-pronged suicide prevention approach, including the expansion of prevention programming and expansion of Georgia Crisis and Access Line (GCAL) hours, to reduce rising suicide rates among Georgia's youth and emerging adults.
Challenge to be Addressed	Need to build on current suicide prevention efforts to boost statewide education and outreach, implement a strategic framework for suicide prevention, and increase access to GCAL
Desired Impact	Reduced suicide attempts and increased access to service referrals through GCAL
Target Ages	Ages 10 to 24