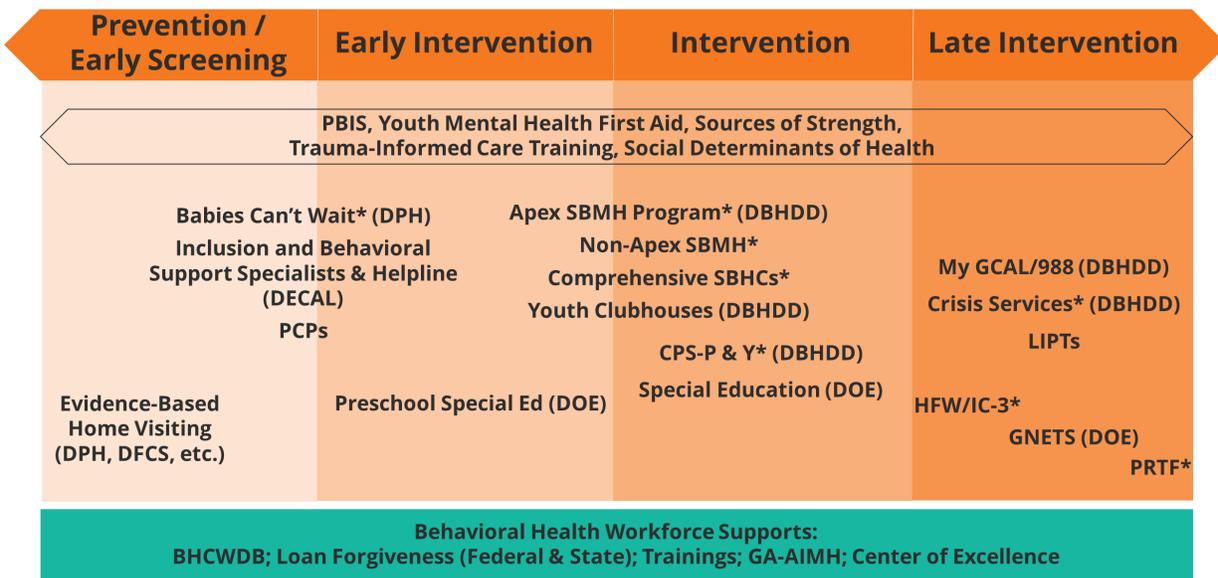




Voices for Georgia's Children
Select 2023 Children's Behavioral Health Recommendations for Georgia

Improving the behavioral health of Georgia's children will take a multi-faceted approach that not only increases access to high quality mental health services for children at all levels of behavioral health need (particularly those with the most critical needs), but that also decreases the number of children in crisis, and in need of late intervention services and supports. Using the below "Behavioral Health Continuum of Care" as a guide, the following document compiles select children's behavioral health recommendations for Georgia which appear in Voices' [Whole Child Primer, 3rd Edition](#). These policy recommendations are not all-inclusive, but are what Voices considers priority policy steps for our state, that together could have a significant impact on children's behavioral health at all levels of need.

**BEHAVIORAL HEALTH CONTINUUM OF CARE:
 SELECT SERVICES AND SUPPORTS**



*Medicaidable service/support

Figure adapted from DBHDD: Overview & Proposed Recommendations for Children's Commission on Behavioral Health Complete list of acronyms on page 5

Prevention/Early Screening – Recommendations for Infants and Young Children

Goals: Identify behavioral health needs early and prevent or lessen the severity of behavioral health needs/promote best possible level of functioning in childhood and life.

- Facilitate Medicaid and private insurance billing for mental health services for children under 4, including use of Diagnostic Classification: 0-5 (an age-appropriate tool for assessing young children for mental health and developmental disorders).
- Promote educational opportunities for new and existing workforce members to better serve infants and young children aged 0-4 with developmental/behavioral needs and their caregivers.
- Assess gaps in coordination of services through Babies Can't Wait (Department of Public Health (DPH)) and Preschool Special Education Program (Georgia Department of Education (GaDOE)), then structure and fund programs adequately.
- Expand evidence-based or promising home visiting programs to more counties and include certified home visitors as qualified providers for Medicaid reimbursement.
- Continue to fund and expand maternal mental health initiatives in public and private agencies (e.g., PEACE (Perinatal Psychiatry, Education, Access and Community Engagement) for Moms, a partnership between DPH, Emory University, and the Health Mothers, Health Babies Coalition of Georgia).
- Make services accessible where families are, such as Neonatal Intensive Care Unit, childcare, court systems, etc. (e.g., CARES (Certified Addiction Recovery Empowerment Specialist) in Northeast Georgia, Infant Early Childhood Mental Health Consultation, Infant Toddler Courts Program).
- Increase access to affordable health insurance coverage, including coverage for mental health and substance use treatment services for all adults, regardless of income, work or court-involved status.

Prevention/Early Intervention/Intervention – Recommendations for School-Based Mental Health

Goals: Reduce stigma and promote emotional wellbeing. Identify behavioral health needs early, and ease access to care by providing services and supports where children are. Treat and ameliorate behavioral health conditions to prevent greater severity and crises. For all children, promote best possible functioning at school, home and in the community.

- Continue to fund and expand Positive Behavioral Interventions and Supports (PBIS) and the Georgia Apex Program.
- Ensure that school-based health (SBMH) centers are comprehensive and facilitate access to behavioral health services.
- Provide enough state funding to ensure, at minimum, one licensed counselor and one social worker for every 250 students.
- Encourage Georgia Apex and school-based mental health (SBMH) programs to create partnerships with afterschool and summer learning programs to extend services and supports to youth during out-of-school time.
- Leverage existing training and resources (e.g., Sources of Strength, Teen Mental Health First Aid, 4-H, Georgia Campaign for Adolescent Power and Potential, Community Resiliency Model, Free Your Feels (FYF) campaign), including afterschool and summer learning programs, to develop teen-led or -focused mental health support programs and initiatives.
- Explore opportunities to integrate Certified Peer Specialists–Youth and –Parent into SBMH programs.

Late Intervention – Recommendations for Crisis / Late Intervention Supports

Goals: Improve access to crisis and late intervention services and supports that treat and ameliorate severe behavioral health conditions, so that children can remain in or be returned safely to their families and communities.

- Allocate funding to strengthen crisis support and intervention services, including continued implementation of 988 and mobile crisis services for children and adolescents.
- Increase availability of and access to respite care for parents and foster parents of children with complex health needs (e.g., add respite services to our Medicaid State Plan).
- Provide all adults working with children ways to connect children and families to crisis services and supports (e.g., awareness of the Georgia Crisis and Access Line and 988).
- Monitor Medicaid Care Management Organization (CMO) prior authorization for Psychiatric Residential Treatment Facility (PRTF) and other intensive inpatient and community behavioral health services (e.g., Intensive Customized Care Coordination Model (IC-3), Intensive Family Intervention (ICI)). Where aggregate data indicate the need for closer examination, use neutral panel of experts to assist with deep dives into individual cases.
- Require stricter state licensing and quality monitoring of facilities providing inpatient and/or residential children’s behavioral health services.
- Explore opportunities to increase training in evidence-based practices that improve services and supports for individuals with dual diagnoses (i.e. mental health disorder plus intellectual/developmental disability (e.g., autism)).
- Identify and bundle a number of different Medicaid services (e.g., Intensive Family Intervention or Intensive Customized Care Coordination, plus various therapies, family training, high-touch case management, etc.) to ease the process of obtaining much needed benefits.

Behavioral Health Continuum of Care: Recommendations to Strengthen Services & Supports Across the Continuum

Goals: Improve access to, quality of, and coordination of behavioral health services and supports across the continuum of behavioral health care.

Workforce

- Encourage the practice of combining primary health care and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices and increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees, and increase access to services for families.
- Incentivize the use of electronic health records and participation in data sharing systems among behavioral health providers.
- Include robust quality measures for behavioral health services in CMO contracts.
- Expand and standardize culturally responsive care training for the behavioral health workforce.
- Dismantle barriers to licensing for foreign-educated and/or culturally diverse behavioral health professionals.

- Develop more university programs to certify master- and doctoral-level nurses in psychiatric practice and leverage the existing nurse workforce.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.
- Intentionally encourage, court, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education’s Georgia HOSA (Health Occupations Students of America)).
- Develop a registered behavior technician (RBT) program within the Technical College System of Georgia to help meet the state’s need for a larger autism and behavioral health workforce.
- Continue to implement training for those working with children (school personnel, afterschool and summer learning professionals, school resource officers, public safety officers, juvenile court personnel, health care providers, and staff, etc.) about recognition of trauma, behavioral challenges, and biases.

Peer Support

- Continue to fund formal and informal peer support programs.
- Increase use of formal and informal peer supports in all child-serving behavioral health settings (e.g., schools, hospitals, and community health or mental health centers).
- Ensure that Medicaid CMOs reimburse for peer support and encourage private insurers to reimburse for formal peer support services.
- Leverage the peer support workforce to boost cultural and linguistic diversity within behavioral health services.
- Expand access to peer-support and evidence-based treatments available to parents who are incarcerated or otherwise court-involved (e.g. via Division of Family and Children Services (DFCS), various accountability courts, child support orders, child custody cases, etc.).

Social Determinants of (Mental) Health

- Increase the availability and equitable distribution of quality and affordable housing and support policies, including rent and mortgage subsidies, which protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties.
- Expand funding for and awareness of Find Help Georgia, a DFCS needs-based triage system for family support services that links families with DFCS-partnered, local organizations to help find resources for housing, food access, and other basic needs.
- Direct CMOs to reinvest a portion of their profits into communities they serve, in order to impact Social Determinants of Health.

List of Acronyms

- PBIS – Positive Behavior Interventions and Supports
- DPH – Department of Public Health
- DECAL – Department of Early Care and Learning
- PCP – Primary Care Provider
- DFCS – Division of Family and Children Services
- SBMH – School Based Mental Health
- DBHDD – Department of Behavioral Health and Developmental Disabilities
- CPS-P – Certified Peer Specialist - Parent
- CPS- Y – Certified Peer Specialist - Youth
- SBHC – School Based Health Center
- DOE – Department of Education
- GCAL – Georgia Crisis and Access Line
- LIPT – Local Interagency Planning Teams
- HFW – High Fidelity Wrap Around
- IC-3 – Intensive Customized Care Coordination Model
- GNETS – Georgia Network for Educational and Therapeutic Support
- PRTF – Psychiatric Residential Treatment Facility
- BHCWDB – Behavioral Health Care Workforce Data Base
- GA-AIMH – Georgia Association for Infant Mental Health