HB 520 Basic Summary:

HB 520 authorizes the Department of Community Health (DCH) to collaborate with the Department of Behavioral Health and Developmental Disabilities (DBHDD) to study the psychiatric treatment residential facilities referral processes with the Department of Juvenile Justice (DJJ) and Department of Human Services (DHS).

DBHDD is authorized to work with certain other agencies to create guidance for standardized terminology such as the definition of serious mental illness. Definitions for homeless individuals, recidivism, and other terms may also be developed.

DBHDD will also work with individuals to provide county-based coordinators to work with criminal justice and behavioral health providers to reduce jail admission of those in a mental health crisis that do not pose a public safety risk.

A state-wide public-private partnership will be established by DBHDD to serve as a clearinghouse for best practices, information, and resources to support "familiar faces". These are individuals with serious mental illness that have frequent contact with criminal justice, homeless, and behavioral health systems.

Subject to appropriations, DBHDD will develop a pilot program to assist jails in implementing behavioral health screening programs and protocols and create a grant program to create or expand jail in-reach and reentry programs which will focus on "familiar faces" and connect individuals with community resources.

A comprehensive study on the public behavioral health workforce will be conducted by DBHDD to understand recruitment and retention issues, and target solutions to help with shortages.

BHRIC is tasked with creating a multi-year plan to expand the use of forensic peer mentors.

BHIRC is required to establish a task force to build a continuum of care. The task force will comprehensively study access to inpatient behavioral health beds, and make recommendations on needed capacity building, youth specific care, and autism spectrum-related care. This task force will study increased capacity of child and adolescent substance misuse intensive outpatient treatment programs.

BHIRC will convene a task force to review the effect of behavioral health on homeless populations across the state.

The DCH will ensure that the Medicaid program includes reimbursement for psychological diagnostic assessments and treatment and family therapy services; reimbursement for licensed professional counselors, licensed marriage and family therapists, and certified peer specialists; psychiatric hospitals as eligible for inpatient care for those under the age of 21 years enrolled in fee-for-service Medicaid; updates of reimbursement rates for the assessment and treatment of autism spectrum disorder in collaboration with relevant agencies and organizations; and therapeutic foster care for those under the age of 21 years.

DCH is also required to take necessary steps to ensure the receipt of relevant federal funds to provide services, such as housing and employment supports and case management, for recipients and their caregivers if they are under the age of 19 years.

Subject to appropriations, the Georgia Board of Health Care Workforce is authorized to provide student loan repayment for recipients delivering services as mental health and substance use professionals under certain capacities.