

Monitoring Implementation of the Mental Health Parity Act

Created by the Georgia Parity Collaborative

Note: Deadlines occurring by January 2023 are highlighted

Part I:

Responsible for Implementing: Georgia Office of Insurance and Safety Fire Commissioner (DOI)

- **January 2023** – and annually thereafter, insurers submit parity comparative analysis to DOI
- **January 2023** – create new parity complaints repository and tracking process with language accessibility
- May 2023 – and every May thereafter, conduct a data call for parity
- August 2023 - and every August thereafter, submit report to Governor, Speaker and Lt. Governor regarding parity enforcement
- FY '23 - hire dedicated staff person for parity enforcement (*funded in budget*)
- January 2024 – and annually thereafter, publish parity comparative analysis by insurers on website
- January 2024 - and annually thereafter, submit report of parity complaints to the Georgia Data Analytic Center and General Assembly

Responsible for Implementing: Department of Community Health (DCH)

- **January 2023** - and annually thereafter, insurers (CMOs, state health plan) submit parity comparative analysis to DCH
- July 2023 – create new parity complaints repository and tracking process with language accessibility
- January 2024 – and annually thereafter, publish parity comparative analysis by insurers on website
- Annually - perform parity compliance reviews and publish a status report on website
- January 2024 - and annually thereafter, submit report of complaints to the Georgia Data Analytic Center and General Assembly
- July 1, 2023 – care management organizations to comply with a minimum 85 percent medical loss ratio

Part II:

Responsible for Implementing: Georgia Student Finance Authority

- Make service cancellable loans available for behavioral health professionals

Responsible for Implementing: Georgia Board of Health Care Workforce

- Create and maintain Behavioral Health Care Workforce Data Base, and establish a minimum data set survey

Part III:

Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

- **December 2022** – announce grant awards for Assisted Outpatient Treatment to five applicants
- December 2025 - evaluate effectiveness and any unintended consequences of AOT and submit report to Governor, HHS committees, and Office of Health Strategy and Coordination

Part IV:

Responsible for Implementing: Criminal Justice Coordinating Council (CJCC)

- Establish a grant program for accountability courts and designate a staff person to provide technical assistance to accountability courts

Responsible for Implementing: Governor's Office of Health Strategy and Coordination

- Oversee coordination of mental health policy and services across state agencies including the Department of Public Health, DCH, DBHDD, the Department of Human Services, the Department of Economic Development, the Department of Transportation, the Department of Education, the Department of Early Care and Learning, the Department of Juvenile Justice, the Department of Corrections, and the Department of Community Supervision
- **December 2022** - create a comprehensive unified formulary for mental health and substance use disorder prescriptions under Medicaid, PeachCare for Kids, and the state health benefit plan
- Develop solutions for systemic barriers impeding delivery of behavioral health services and make recommendations that address funding, policy, and practices
- Focus on specific goals to resolve issues regarding provision of services to children, adolescents and adults served by state agencies
- Monitor and evaluate the implementation of established goals and establish common outcome measures for state agencies managing and overseeing mental health services
- Partner with the Department of Corrections and the Department of Juvenile Justice to provide evaluation of mental health wraparound services and connectivity to local mental health resources to meet the needs of clients in the state reentry plan
- Partner with the Department of Community Supervision to evaluate the ability to share mental health data between state and local agencies, to assist in identifying and treating those under community supervision who are also receiving community-based services
- Partner with community service boards (CSBs) to ensure services are available for children
- Centralize ongoing planning, policy, and strategy development across state agencies, Medicaid care management organizations, fee for service providers, and private insurance partners
- Increase access to certified peer specialists in rural and underserved communities
- Examine the option of fully implementing certain requirements under the federal SUPPORT for Patients and Communities Act regarding youth in the juvenile justice system to allow for successful transition to community services upon release
- **January 2023** - conduct a survey of how individuals are transported to and from emergency receiving facilities

Responsible for Implementing: Georgia Public Safety Training Center

- Add behavioral health co-responder training to responsibilities

Responsible for Implementing: Criminal Justice Coordinating Council

- Establish a grant program to provide funds for local governments to use for costs associated with transporting persons to and from emergency receiving, evaluating and treatment facilities

Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

- Fund a minimum of five new co-responder programs

Responsible for Implementing: Behavioral Health Reform and Innovation Commission

- The Mental Health Courts and Corrections Subcommittee to continue exploration of community supervision for people with mental illness, including expanding access to mental health specialized caseloads, assessing the quality of mental health supervision, assessing the availability of treatment providers by region, and tracking metrics

Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

- Add to the Behavioral Health Coordinating Council the commissioner of early care and learning, the Child Advocate for the Protection of Children; and an expert on early childhood mental health, an expert on child and adolescent health, and a pediatrician, appointed by the Governor

Part V:

Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

- October 2023 - and annually thereafter, provide to the Office of Health Strategy and Coordination a status report on housing placements and needs, programs for disabled children and adults, and the performance and fiscal status of CSBs
- Establish the Multi Agency Treatment for Children (MATCH) team to facilitate collaboration across state agencies to meet complex and unmet needs of children including the Division of Family and Children Services, the Department of Juvenile Justice, the Department of Early Care and Learning, the Department of Public Health; DCH; the Department of Education; the Office of the Child Advocate, and the Department of Corrections

Responsible for Implementing: Department of Human Services (DHS)

- October 2024 – deadline for statewide system for sharing data relating to care of children

Part VI:

Responsible for Implementing: Department of Community Health (DCH)

- Study reimbursement rates for mental health services compared with other states, medical necessity denials for adolescent behavioral health, and coordinated health care for any child who enters foster care
- **December 2022** – submit findings to Governor, General Assembly, Office of Health Strategy and Coordination, and the Behavioral Health Commission

Responsible for Implementing: Behavioral Health Reform and Innovation Commission

- Through June 2025:
 - Collaborate with DBHDD regarding the assisted outpatient treatment program
 - Coordinate initiatives to assist local communities in keeping people with serious mental illness out of jails and detention facilities, including juvenile detention, and improve outcomes for individuals who have frequent contact with criminal justice, homeless, and behavioral health systems, to include:
 - Developing a shared definition of 'serious mental illness'
 - Exploring funding options to implement universal screening upon admission
 - Developing state guidelines for information sharing among state and local entities that comply with privacy laws
 - Promoting the use of pre-arrest diversion strategies
 - Improving strategies to refer and connect individuals to needed community-based social services
 - Expanding the use of and support for forensic peer monitors
 - Analyzing best practices to address and ameliorate the increase in chronic homelessness among people with behavioral health and substance abuse disorder and formulating recommendations for policies and funding to address, considering best practices of other states
 - Convene representatives from care management organizations, pediatric primary care physicians, family medicine physicians, pediatric hospitals, pharmacy benefits managers, other insurers, experts on early childhood mental health, and pediatric mental health and substance use disorder care professionals to examine:
 - How to develop and implement a mechanism for Georgia's managed care program for children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system to meet their mental and behavioral health needs
 - Best practices for community mental health and substance use disorder services reimbursement, including payment structures and rates that cover the cost
 - Establish advisory committees to evaluate:
 - Developing a solution to ensure appropriate health care services and supports, including better care coordination, for pediatric patients residing in this state who have mental health or substance use disorders and who had high utilization of emergency departments, crisis services, or psychiatric residential treatment facilities, for the purpose of streamlining care, improving outcomes, reducing return visits to emergency departments, and assisting case managers and clinicians in providing safe treatment while reducing fragmentation

Responsible for Implementing: Georgia Data Analytic Center

- April 2024 - and annually thereafter, submit an annual unified public report of parity complaints from DCH and DOI

Responsible for Implementing: Department of Community Health (DCH)

- Provide Medicaid coverage for a nonpreferred prescription drugs prescribed to adults that are deemed medically necessary for treatment of mood disorders with psychotic symptoms