Angie Fiese
Acting Director

Senate Research Office
204 Coverdell Legislative Office Building
18 Capitol Square
Atlanta, Georgia 30334

404.656.0015 (P)
404.657.0929 (F)

FINAL REPORT OF THE YOUTH MENTAL HEALTH AND SUBSTANCE USE DISORDERS SENATE STUDY COMMITTEE (SENATE RESOLUTIONS 487 & 594)

COMMITTEE MEMBERS

Honorable Renee Unterman
Chair
Senator, District 45

Honorable Gloria Butler
Senator, District 55

Honorable Josh McKoon
Senator, District 29

Honorable Fran Millar
Senator, District 40

Prepared by the Senate Research Office
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I. INTRODUCTION

The Youth Mental Health and Substance Use Disorders Senate Study Committee (the "Committee") reflects the merger of the study committees created by Senate Resolutions 487 and 594 during the 2015 Legislative Session. The Committee was charged with undertaking a study of two topics involving youth behavioral health: (1) screening and preventing youth substance abuse; and (2) issues surrounding the rate at which attention deficit hyperactivity disorder (ADHD) and related disorders are diagnosed in children.

The Committee was comprised of the following Senate members[1]:

- Senator Gloria Butler of the 55th;
- Senator Josh McKoon of the 29th;
- Senator Fran Millar of the 40th; and
- Senator Renee Unterman of the 45th.

Senator Unterman, Chair of the standing Senate Health and Human Services Committee, served as the Chair of the Committee.

The following legislative staff members were assigned to this Committee: Ms. Jennifer Yarber and Ms. Gavriella Coffman of the Senate Press Office; Mr. Jared Evans of the Senate Budget and Evaluation Office; Ms. Elizabeth Holcomb of the Senate Research Office; Ms. Lynn Whitten of the Office of Legislative Counsel; and Ms. Avi'el Bland, Senate Health and Human Services Committee Secretary and Legislative Assistant to Senator Unterman.

[1] To allow these topics to be studied together during the interim, the President of the Senate appointed the same members to the Senate Study Committee on Preventing Youth Substance Abuse (SR 487) and the Senate Study Committee on the Rate of Diagnosis of ADHD and Related Disorders (SR 594).

II. MEETING TESTIMONY

All testimony reflected in this report is limited to the information that was provided to the Committee at its public meetings. This section provides a brief summary of each meeting, including the names and affiliations of individuals who were asked to provide testimony to the Committee. Although testimony has been condensed for the purpose of this report, a copy of all presentations and materials submitted to the Committee are kept on file in the Senate Research Office.

Meeting 1: September 15, 2015

The Committee held its first hearing at the Capitol on Tuesday, September 15, 2015. Background information and an overview of the issues to be studied was provided by:

- Garry McGiboney, PhD, Georgia Department of Education (DOE).
- Commissioner Frank Berry, III and Travis Fretwell, Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).
- Neil Campbell and Dawn Randolph, MPA, Georgia Council on Substance Abuse.

Dr. McGiboney, Deputy Superintendent of External Affairs at DOE, shared the findings of the 2011-2012 National Survey of Children's Health. About three-quarters of children with ADHD were diagnosed before age nine and one-third of those were diagnosed by age six. In about half of these cases, a pediatrician made the first diagnosis. Dr. McGiboney reported that 9 in 10 children with ADHD in the national study were treated with medication and/or behavioral therapy. Of these children: 4 in 10 were treated with medication; 1 in 10 received behavioral therapy alone; and 3 in 10 were treated with combination therapy that included medication and behavioral therapy. Dr. McGiboney told the Committee that another study, led by Dr. Susanna Visser of the Centers for Disease Control and Prevention (CDC), showed that medication treatment is the primary choice of treatment when behavioral therapy is unavailable.[2]

Dr. McGiboney cited numerous studies to help illustrate that improving the school climate by providing a solid foundation of general behavior intervention and prevention principles such as Positive Behavioral Interventions and Supports (PBIS) can have a tremendous impact on children.[3] Studies show that self-regulation in students with ADHD is enhanced in a positive school climate using PBIS. In respect to school climate, Dr. McGiboney emphasized to the Committee that "the more unstable the climate, the more difficult it is for a student to adjust, especially those with ADHD." Where many students are self-medicating to try to adjust to difficulties stemming from the school environment, a positive school climate has been shown to lower levels of drug use in students. Dr. McGiboney added that research shows that schools play an important part in helping students make safe and healthy choices about drug use, regardless of the legality of the drug.

According to DOE, PBIS is being implemented in over 350 schools in 50 school systems and 28 additional school districts have requested PBIS training. Funding from the Governor's Office and the Georgia General Assembly allows part-time School Climate Specialists to provide technical assistance to school

[2] Dr. Susanna Visser of the CDC provided testimony to the Committee at Meeting 2, discussed below.
[3] Dr. McGiboney cited to the National Resource Center on ADHD while presenting this information.

systems implementing PBIS. Additionally, the following workforce data pertaining to behavioral health resources in Georgia schools was presented to the Committee by DOE:

- School counselors: Georgia has approximately 3,400 school counselors and the ratio of counselor to student is 1:500. Thus, Georgia has a long way to go in reaching the recommended ratio of 1:450.
- School psychologists: Georgia has approximately 750 school psychologists and a ratio of 1:2,475; the recommended ratio is 1: 1,000.
- School social workers: Georgia has approximately 620 social workers, a ratio of 1:2,742; the recommended ratio is 1:250.
- School nurses: Georgia has approximately 1,555 licensed school nurses, 700 short of the number needed to meet the recommended ratio of 1:750.

Dr. McGiboney ended his presentation by submitting various recommendations on behalf of DOE, which include: expanding PBIS to provide full-time School Climate Specialists; creating grants to expand social and emotional learning training in more school systems and include Pre-K programs; continuing efforts to increase the number of school nurses; reducing the ratio of counselors, social workers, and school psychologists to student ratios; and creating grants for schools to expand and augment substance use and abuse education.

Commissioner Frank Berry of DBHDD, thanked the Committee for its support and the opportunity to contribute to this Committee before introducing Mr. Travis Fretwell, Director of the recently created Office of Behavioral Health Prevention (OBHP) within DBHDD.[4] OBHP takes on the following issues:

- Substance Abuse Prevention;
- Suicide Prevention; and
- Mental Health Promotion.

Mr. Fretwell began by emphasizing that screening, prevention, and referral services are a big part of treating addiction. DBHDD is looking to do more peer-related work and use a more holistic approach in targeting Georgia's youth population through evidence-based strategies. Mr. Fretwell explained that interventions can produce long-term positive outcomes when they reduce risk factors and increase protective factors linked to addictive diseases and risky behaviors. OBHP contracts for preventative services that directly target addictive diseases and violence prevention and are specifically designed to reduce the risks associated with substance use and abuse.

Currently, DBHDD's OBHP is working to create a mission and vision that will incorporate suicide prevention and mental health promotion into existing prevention efforts that will showcase alignment and the connectivity between each. Emphasizing the holistic approach of OHBP, the current initiatives and projects for suicide prevention include: (1) the Suicide Education and Training Project; (2) the Suicide Prevention Resource Center; (3) the Suicide Prevention Coalition of Georgia; and (4) the Garrett Lee Smith Youth Suicide Prevention Grant. Mr. Fretwell informed the Committee that mental health promotion is a difficult concept and a lot of funds have been cut for this area of behavioral health. For instance, the substance abuse block grant does not permit funds to be spent toward mental health promotion. Since young people are hard to reach and engage, a key component in all youth programs is an investment in workforce and staff.

[4] For additional information on OHBP within DBHDD, *see* http://dbhdd.georgia.gov/bh-prevention.

Currently, DBHDD funds nine unique adolescent substance abuse "clubhouse" sites in eight counties: Bulloch, Chatham, Douglas, Floyd, Fulton, Gwinnett, Hall, and Muscogee. These clubhouses provide a comprehensive substance abuse recovery support model designed to engage adolescents and their families in their own recovery. DBHDD also funds three prevention clubhouses that are designed to provide prevention services to high-risk youth who are 12 to 17 years old, located in Dawson, LaGrange, and Norcross. Participation is limited to youth at high risk for alcohol or drug abuse. The clubhouses serve to provide a safe and comfortable environment for youth that includes mentoring, community service, family activities, education/employment services, nutrition, physical activities, and evidence-based prevention curriculum.

When asked by the Committee about funding, DBHDD stated that state funding would help bridge the gap between substance abuse prevention and mental health promotion. In recommending that funding be continued in State Fiscal Year 2016, Mr. Fretwell told the Committee that the clubhouse program has been very successful in engaging youth and has a high retention rate. While a continuation of funding is essential to sustain the current program, DBHDD is currently working to establish additional Clubhouse sites and program services. Although funds are limited, DBHDD is optimistic about expanding the clubhouse program by ramping up services and establishing additional sites in Georgia. In closing, DBHDD emphasized to the Committee that additional funding to support an expansion of the clubhouse program would extremely beneficial.

Ms. Neil Campbell and Ms. Dawn Randolph of Georgia Council on Substance Abuse provided the Committee with an overview of SBIRT (Screening, Brief Intervention, and Referral to Treatment). More detailed testimony on this evidence-based approach to screening youth for substance use behaviors was provided to the Committee at Meeting 3, which is discussed below on Page 8. They also acknowledged the "blame and shame issue" many people encounter when talking to youth about substance use and risky behaviors, and the success of DBHDD's clubhouses in overcoming this challenge.

Meeting 2: Wednesday, October 7, 2015

The Committee held a second meeting on October 7, 2015 that focused on issues surrounding diagnosing and treating ADHD in children. The following persons provided testimony to the Committee:

- Susanna Visser, MS, DrPh, Centers for Disease Control and Prevention (CDC).
- Eric Lewkowiez, MD, FAPA, Georgia Psychiatric Physicians Association and Georgia Council for Child and Adolescent Psychiatry.
- Yolanda Graham, MD, Georgia Psychiatric Physicians Association and Georgia Council for Child and Adolescent Psychiatry.
- Babette Vlahos, MS, RN, NCSN, President, Georgia Association of School Nurses (GASN).
- Ellyn Jeager, Mental Health America of Georgia.

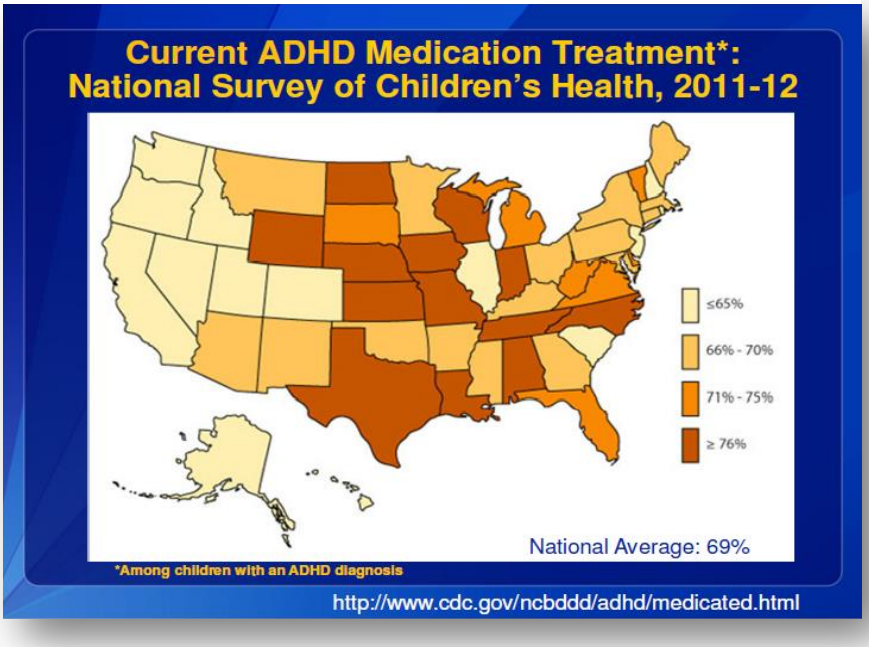
Dr. Visser is the Lead Epidemiologist for the Child Development Studies Team at the CDC and head author of "Diagnostic Experiences of Children with Attention Deficit Hyperactivity Disorder," a National Health Statistics Report published by the CDC in September 2015.[5] Dr. Visser began her presentation by providing an overview of the trends in the prevalence of ADHD among children nationally and in Georgia. Statistics on ADHD diagnosis and treatment in children in Georgia and comparisons on a

[5] Available online at http://www.cdc.gov/nchs/data/nhsr/nhsr081.pdf.

national scale were also provided. Handouts summarizing this information were distributed to the Committee and are attached in Exhibits A and B of the Appendix.

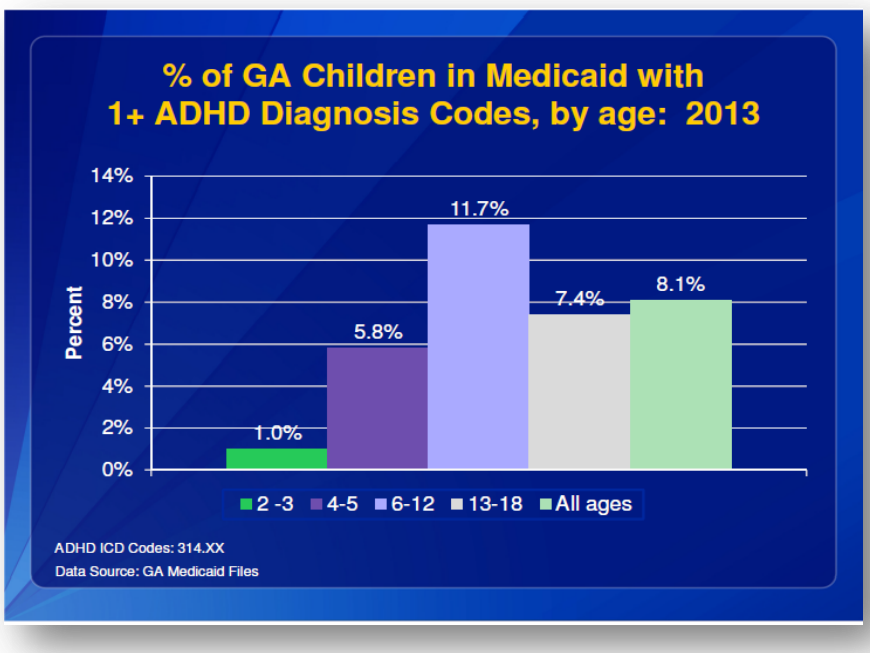
Dr. Visser explained to the Committee using Figure 1, below, that the rate of ADHD diagnosis and medication treatment in populations is monitored primarily through the use of national survey data. The data from her published report reveal annual increases in parental reporting of ADHD diagnosed by a health care provider, with increases ranging from 3 percent to 6 percent per year since the 1990s; most recent increases are estimated to be about 5 percent per year. A national survey of children with a current ADHD diagnosis in 2011 and 2012 revealed that 69 percent of these children were taking ADHD medication; this represents 3.5 million children nationwide.

Figure 1



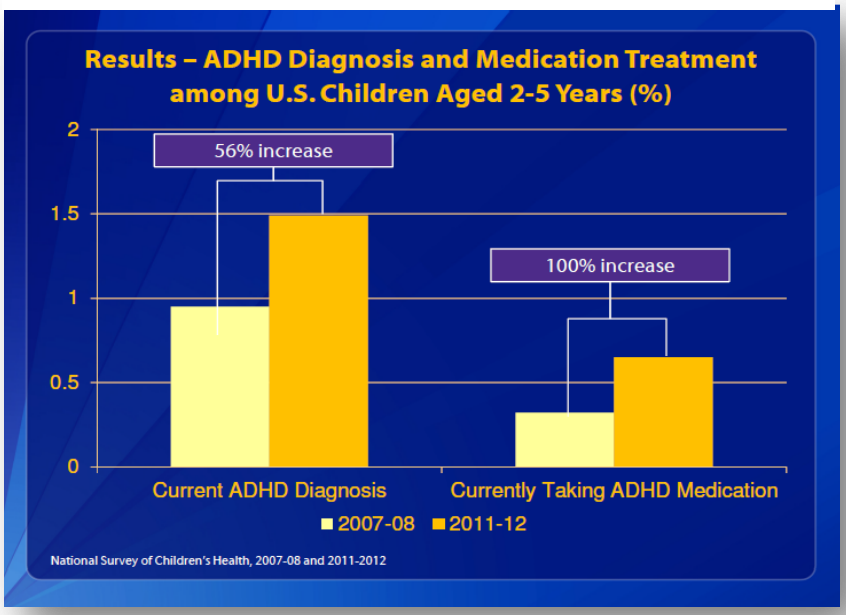
Dr. Visser explained what is considered to be best practice guidelines for the treatment of ADHD in children aged 4 to 18 years old. Behavioral therapy is the first line of treatment for children in preschool who are 4 to 5 years of age. The CDC collaborated with Georgia's Interagency Directors Team to analyze administrative claims data (Medicaid) on ADHD rates in Georgia. This analysis, illustrated in Figure 2, revealed that about 1 in 100 toddlers 2 to 3 years of age continue to be managed for ADHD; the rates of ADHD continue to rise and peak in elementary school around 12 percent; and overall, the rate of ADHD diagnosis based on these claims data is 8.1 percent across all ages (ages 2 to 18 years).

Figure 2



Even though the recommended treatment for children under six is behavioral therapy, less than half of these children are receiving psychological services; three-quarters of four- and five-year-olds are receiving ADHD medications; and more than half of toddlers ages two to three years are receiving ADHD medications. See Figure 3, below.

Figure 3



Dr. Visser recommended that Georgia explore creating policies that require prior authorization for ADHD medication use in young children, especially those under six years of age. Pennsylvania was used as an example of a state's infrastructure that was improved through grants to agencies to build evidence-based behavioral therapy. She also suggested that psychotropic medication management programs be created within health plans such as Amerigroup, Peach State, and Wellcare.

Next, Dr. Lewkowiez of the Georgia Psychiatric Physicians Association and Georgia Council for Child and Adolescent Psychiatry presented information to the Committee on ADHD diagnosis criteria.[6] He explained that ADHD is the most commonly diagnosed behavioral disorder in North America. The core symptoms of ADHD that define subtypes are: inattentiveness; overactivity; and impulsivity. ADHD subtypes include: predominantly inattentive presentation; predominantly hyperactive-impulsive presentation; and a combined presentation (must meet criteria for both subtypes). In terms of brain function, a person with ADHD will exhibit reductions in global and regional glucose metabolism largely in the premotor cortex and superior prefrontal cortex.

While Dr. Lewkowiez reports that stimulants remain the "mainstay of ADHD treatment," he agrees that behavioral therapy is imperative and barriers to accessing such therapy should be addressed. The Committee was interested to learn that many children with ADHD have difficulty keeping friends and have a high rate of peer rejection because they have a tendency to exhaust or "wear out" those around

[6] Dr. Lewkowiez also serves as the Associate Dean for Student Affairs and Assistant Professor in the Department of Psychiatry and Health Behavior at the Medical College of Georgia.

them. This correlation is significant since peer rejection is one of the best predictors of delinquency, dropout, and adult maladjustment. Other consequences or risks associated with having ADHD include: increased physical injuries from overactivity and impulsiveness; impaired self-esteem; increased risk of substance use; job impairments as adults; and impairments in the parent-child relationship.

Dr. Yolanda Graham of the Georgia Psychiatric Physicians Association and Georgia Council for Child and Adolescent Psychiatry broadened the scope of this meeting with a presentation on the commercial sexual exploitation of children. She commended the legislature's work during the 2015 Legislative Session in passing legislation to protect victims of child sex trafficking and emphasized the need for mental health services for these victims.

Ms. Vlahos, President of the Georgia Association of School Nurses (GASN), provided testimony to the Committee on behalf of GASN and as a current school nurse for Fulton County. She told the Committee that school nurses dispense a wide variety of psychotropic medications throughout the school day; however, very few of those dispensed are ADHD medications. The need for ADHD medications to be stored and dispensed by school nurses was drastically reduced following the availability of extended release medications. So while many children in the schools have been diagnosed with ADHD, most take an extended release dose at home and do not require an additional dose during the school day.

Ms. Jeager of Mental Health America of Georgia closed the meeting by sharing a letter from her son who struggled with ADHD as a child and now works as a licensed clinical social worker. Her brief testimony emphasized the need to increase access to mental health services for children and families across the state.

Meeting 3: Tuesday, November 10, 2015

The Committee met a third time to hear testimony on youth substance use disorders and screening initiatives. The Georgia Council on Substance Abuse coordinated with various experts in this field to provide testimony to the Committee, which included presentations from:

- J. Paul Seale, MD**,** Professor and Director of Research, Department of Family Medicine, Medical Center of Central Georgia & Mercer University School of Medicine.
- J. Aaron Johnson, PhD, Associate Professor, Institute of Public & Preventive Health, Georgia Regents University.
- Marci Tribble, LPC, CRC, CPCS, Director, Psychiatry Program, Grady Health.
- Pierluigi Mancini, Ph.D., CEO, CETPA, Inc.
- Laura Searcy, MN, APRN, PPCNP-BC, President-Elect, National Association of Pediatric Nurse Practitioners; National Association of Pediatric Nurse Practitioners.
- Caroline McKinnon, PhD, PMHCNS-BC, Assistant Professor, Department of Biobehavioral Nursing, College of Nursing, GRU.
- Welena Bryant, International Certified Addiction Counselor II, Mercy Care, Mental Health Specialist and Addiction Counselor.
- Meredith Gonsahn, MPH, Health Policy Analyst, Georgians for a Healthy Future.
- Dawn A. Randolph, MPA, President, DIR Consulting Group, LLC; Public Policy Consultant, Georgia Council on Substance Abuse.

Testimony at this meeting focused on various aspects of SBIRT, an evidence-based approach that uses simple questions and answers to get young people talking about their use. The Committee heard testimony on the history of SBIRT in Georgia, the Georgia Basics Program's SBIRT Initiative, and training programs in Georgia. Ms. Searcy of the National Association of Pediatric Nurse Practitioners presented on training and implementation of SBIRT as well as the impact on the Cobb Community Coalition. Dr. McKinnon of GRU's College of Nursing told the Committee about the Substance Abuse Mental Health Services Administration (SAMHSA) grant. This grant will help train over 900 health professionals at GRU over the next three years and create a workforce to help deliver SBIRT in Georgia. Ms. Bryant of Mercy Care briefly summarized the process of implementing SBIRT at Mercy Care and provided examples of forms used at the clinic.

Dr. Mancini of CETPA emphasized the need for substance use prevention and treatment for youth in Georgia. CETPA, located in Gwinnett County, is a full service behavioral health treatment, intervention and prevention agency, providing services in English and/or Spanish to the Latino community in Georgia.[7] It is the only Latino agency in Georgia to earn national accreditation by the Commission on Accreditation of Rehabilitation Facilities to provide behavioral health treatment and prevention services in English and/or Spanish.

A policy brief on SBIRT was submitted to the Committee by Georgians for a Healthy Future, which is attached in Exhibit C of the Appendix. In closing, the Georgia Council on Substance Abuse and Georgians for a Healthy Future recommended to the Committee that the Medicaid codes for SBIRT be activated. While they could not provide a cost analysis if this were to be implemented in Georgia, they believe it would provide access to SBIRT services to "nearly 50 percent of Georgia's children who are enrolled in PeachCare and Medicaid."

Meeting 4: Monday, December 3, 2015

At the fourth meeting, the Committee heard testimony on youth behavioral health services from the Georgia Department of Community Health (DCH) and Georgia's three Medicaid Care Management Organizations (CMOs): (1) Wellcare Health Plans, Inc.; (2) Peach State; and (3) Amerigroup Community Care. The following individuals prepared presentations and gave testimony:

- Marcy Alter, Assistant Chief, Medicaid, DCH.
- Peach State Health Plan: Jeff Luce, LPC, Clinical Director.
- Wellcare Health Plans, Inc.: Dauda Griffin, MD, Behavioral Health Medical Director; and Remedios Rodriguez, Senior Director, Behavioral Health Operations.
- Amerigroup Community Care: Joel Axler, MD, Behavioral Health Medical Director; and Kathy Burke, RN, BSN, Director of Behavioral Health Services.

Marcy Alter, Assistant Chief of Medicaid at DCH, presented information on children's behavioral health services that are made available by the Medicaid State Plan through multiple program. The community behavioral health rehabilitation services program is the primary vehicle for behavioral health services to children and adults. This program provides a large range of core services. DCH has been involved in a number of initiatives involving ADHD in youth and the utilization of antipsychotics. In October 2011, DCH implemented an atypical antipsychotic pediatric prior authorization initiative, a policy to follow FDA guidelines for approved ages and indications in the prior authorization criteria and system.

[7] CETPA was established in July 1999 to address the substance abuse counseling needs of the Latino community in Georgia.

DCH also collaborates with the CDC through the Interagency Directors Team to develop strategies around prevention and early intervention and promoting therapy as the first line of treatment before medicating, especially for those children diagnosed with ADHD at a young age. Senator Unterman asked about solutions for striking a balance between treating through counseling services and medication. Ms. Alter believes a policy would be more traditional than a law requiring that counseling services accompany medication therapy. She also emphasized the need for more support to offer services such as SBIRT and provider education programs.

The CMOs agreed on multiple topics throughout the meeting, including: promoting behavioral therapy as the first line of therapy for very young children; enhancing access to care for members in rural areas through the use of telemedicine; and prescription medication checks and balances.

Peach State's presentation included information on early intervention being a top priority treating children and families that face escalating behavioral health needs. It strives to provide the "right services at the right time" and support pharmacy checks and balances. Wellcare suggested "medication intervention and non-medication intervention" as alternative phrasing for medication treatment and non-medication treatment. Wellcare shared that its manual specifies that all members age 11 and up receive substance abuse screenings as part of Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit. Youth may receive EPSDT services in their homes, other residences (e.g., foster care placements), schools, or medical institutions, as necessary.[8]

Amerigroup's presentation included information on various behavioral health initiatives, including its Psychotropic Medication Management Program that was initially developed to address the high usage of psychotropic medication in Georgia's foster care youth. This program calls for educating child physicians about off label prescriptions and encouraging the use of counseling as therapy through email alerts and intensive follow-up with key prescribers. In little over a year, Amerigroup has seen a 20 percent reduction in usage of psychotropic medications in foster care youth. Amerigroup is expanding the program with a new contract to its general Medicaid population aged 18 and under.

Amergiroup also told the Committee that it supported Georgia Hope in being the first in the nation to submit a behavioral health specialty practice accreditation application to the NCQA (National Committee for Quality Assurance). Georgia Hope is based in Dalton, Georgia and serves as a behavioral health home that provides adults and children with a comprehensive collection of behavioral health services to address either mental health conditions, substance abuse, or both, for those who may be dually-diagnosed. Amerigroup's presentation included information on behavioral health homes. These services are paid for by the client's Georgia Medicaid, or by DBHDD, if the client is an uninsured adult or an undocumented child. Georgia Hope has seen 700 to 800 of Amergroup's members over the last year.

Georgia Hope also provides high-intensity services for complex DFCS cases through its Family First program.[9] The program is meant to address the needs of DFCS cases that: (1) have made little progress and/or have been difficult to close; (2) involve caregivers who have a history of non-compliance; and/or (3) include complex service needs. The ultimate goals of the program are to protect the placement of the child and move the case toward closure while addressing the varying needs of each family. Georgia Hope provides psychiatric and nurse services through the use of telemedicine at six satellite locations in the following Georgia counties: Bartow, Catoosa, Floyd, Pickens, Walker, and Whitfield.

[8] *See* http://mchb.hrsa.gov/epsdt/index.html.
[9] *See* http://gahope.org/special-programs/.

Senator Unterman mentioned the Department of Juvenile Justice (DJJ) Pilot Project led by Lookout Mountain Care Management Entity (CME) in Oglethorpe, Georgia.[10] The DJJ Pilot Project is a partnership between DJJ, Lookout Mountain CME, Viewpoint CME, and Georgia Center of Excellence (COE). This project is designed to assist DJJ in its mission to support youth in their communities to become productive and law-abiding citizens. Lookout Mountain CME will contribute to the project by using a team approach to support youth who are transitioning from Youth Development Campuses and Regional Youth Detention Centers in accessing services and support in their own communities.

The Committee briefly discussed the House Study Committee on Health, Education and School Based Health Centers, created by House Resolution 640 during the 2015 Legislative Session.[11] Each CMO indicated to the Committee that they support the concept of school-based health clinics.

Meeting 5: Thursday, December 16, 2015

The Committee met a fifth time to discuss its findings and recommendations based on the testimony heard at the previous meetings. The Committee's recommendations are summarized below in Section III.

[10] *See* http://www.lmcme.org/about/initiatives/djj-pilot/.
[11] *See* http://www.house.ga.gov/Committees/en-US/School_Based_Health_Centers.aspx.

III. COMMITTEE RECOMMENDATIONS

Based on the foregoing findings, the Committee makes the following recommendations:

1. Behavioral Therapy

The Committee confirmed through its study of ADHD treatment in youth that very few children diagnosed with ADHD receive treatment in the form of behavioral therapy. The Committee supports behavioral therapy as the first line of treatment for ADHD in very young children. Additionally, the Committee recommends that behavioral therapy be a required treatment for any child under six who is diagnosed with ADHD and receiving medication. Health professionals should be required to develop a behavioral therapy intervention plan that accompanies a child's diagnosis and allows a child to return to the classroom.

2. School Workforce

The Committee supports efforts to reduce the ratio of students to behavioral health personnel in Georgia schools, including school counselors, social workers, nurses, and psychologists. After hearing that 70-80 percent of children receiving mental health services receive those services in schools, it is imperative that Georgia strengthen its school workforce and maximize resources available to students.

3. Clubhouse Services Provided by DBHDD

The Committee recommends that the state funding to DBHDD for clubhouse services be continued in State Fiscal Year 2016 to preserve prevention, intervention, and post-treatment resources for youth in Georgia's communities. DBHDD funds nine adolescent substance abuse clubhouses and three prevention clubhouses that were found to have a high retention rate and play an essential role in protecting youth from unhealthy substance use and behaviors. Therefore, the Committee supports DBHDD's efforts to expand the clubhouse program by ramping up services and establishing additional sites in Georgia.

4. SBIRT or "Screening, Brief Intervention, and Referral to Treatment"

The Committee supports efforts to implement SBIRT programs and training programs in Georgia. This evidence-based approach uses simple questions and answers to get young people talking about their substance use. Since Georgia's Medicaid program does not currently bill for SBIRT services, the Committee plans to monitor the effects seen in those states that have recently activated Medicaid codes for SBIRT.

5. School-Based Health Clinics

The Committee found that there is a lack of clinical services in Georgia's school systems and was encouraged to hear that Georgia's CMOs are interested in school-based health clinics. The Committee agreed that it would be beneficial to share its findings with the 2015 House Study Committee Health, Education and School Based Health Centers should there be the potential to jointly study this issue in 2016. Additionally, the Committee looks forward to monitoring the progress of Georgia Hope in providing behavioral health home services and the DJJ Pilot Program at Lookout Mountain Care Management Entity.

Respectfully Submitted,

FINAL REPORT OF THE YOUTH MENTAL HEALTH AND SUBSTANCE USE DISORDERS SENATE STUDY COMMITTEE

Renée S. Unterman

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Honorable Renee Unterman, Chair
Senator, District 45