

**Georgia House Study Committee on
Mental Illness Initiative, Reform,
Public Health and Safety**

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Children Mental Health Data

- 1 out of 5 children birth to 18 years of age has a diagnosable mental health disorder.¹
- Symptoms of depression and anxiety, post-traumatic stress disorder, and other mental health issues can begin to manifest in infancy and toddlerhood.²
- 15.4 percent of children aged 2-8 years have at least one diagnosed mental, behavioral, or developmental disability.³
- Between 9.5 and 14.2 percent of birth to 5 year-old children experience significant social-emotional problems that negatively impact their functioning, development, and school-readiness.⁴
- Increasing numbers of young children are being expelled from child care settings because of their problem behaviors. Access to mental health consultation is related to lower rates of expulsion.⁵
- 1 out of 10 children has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community.⁶
- The onset of major mental illness problems may occur as early as 7 to 11 years-of-age.⁷
- Almost 50 percent of all long-term mental health problems start by the age 14.⁸
- 14 percent of children with mental health problems receive mostly Ds and Fs on school work.⁹
- 44 percent of children with mental health problems drop out of high school.¹⁰
- In the course of the school year, many children with mental health problems miss as many as 18 to 22 days of school.¹¹

¹ Disorders among Children. (2013). United States Department of Health and Human Services. The National Institute of Mental Health.

² Egger, H.L. (2006). Common Emotional and Behavioral Disorders in Preschool Children. *Journal of Child Psychology and Psychiatry*.

³ Bitsko, R.H.; Holbrook, J.R.; Robinson, L.R.; Kaminski, J.W.; Ghandour, R.; Smith, C. and Peacock, G. (2016). Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood, *MMWR*.

⁴ Brauner, C.B. (2006). Estimating the Prevalence of Early Childhood Serious Emotional/behavioral Disorders. *Public Health Reports*.

⁵ Perry, D.F.; Dunne, M.C.; McFadden, L., and Campbell, D. (2008). Reducing the Risk for Preschool Expulsion: Mental Health Consultation for Young Children with Challenging Behaviors. *Journal of Child and Family Studies*.

⁶ *Disorders Among Children* (2012). United States Department of Health and Human Services. The National Institute of Mental Health.

⁷ Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R. and Walters. E.E. (2005). Lifetime Prevalence and Age-of-onset Distribution of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archive of General Psychiatry*.

⁸ Kessler, R.C., Amminger, G.P., Aguilar-Gaxiola, S., Alonso, J., Lee, S. and Ustun, T.B. (2007). Age of Onset of Mental Disorders. *National Center for Biotechnology Information*.

⁹ Blackorby, J., Chorost, M., Garza, N., and Guzman, A.M. (2003). *National Longitudinal Transition Study 2*.

¹⁰ Wagner, M. (2005). Youth with Disabilities Leaving Secondary School. In *Changes Over Time in the Early Post School Outcomes of Youth with Disabilities: A Report of Findings from the National Longitudinal Transition Study (NTLS) and the National Longitudinal Transition Study-2 (NTLS2)*. Menlo Park, CA: SRI International.

¹¹ Blackorby, J. (2004). Changes in School Engagement and Academic Performance of Students with Disabilities. In *Wave 1 Wave 2 Overview (SEELS)*. Menlo Park, CA: SRI International.

- Students' unmet mental health needs can be a *significant obstacle* to student academic, career and social/emotional development and can even compromise school safety.¹²
- 32 percent of children of military families scored as "high risk" for mental health problems, 2.5 times higher than the national average.¹³

[Georgia has 30,000 military-connected students (SLDS).]^(a)

- There is a higher prevalence of mental health problems in youth aged 11 to 17 in military families compared to the general population.¹⁴
- Only 45 percent of adolescents and young adults who were hospitalized for a suicide attempt received mental health services in the prior month.¹⁵
- Only 29 percent of children expressing suicide ideation in the prior year received mental health services.¹⁶
- Mental health indicators from the REACH study were embedded in the Georgia Student Health Survey 2.0. Over 629,000 students (middle and high school) responded to the anonymous survey.¹⁷
 - Number of students who considered harming themselves more than 5 times – 43,435 (7 percent)
 - Number of students who attempted to harm themselves more than once – 44,686 (8 percent)
 - Number of students who on more than five occasions experienced drastic changes in behavior or personality – 53,788 (8.6 percent)
- 70 to 80 percent of children in need of mental health services do not receive therapeutic support.¹⁸
- In a survey of school social workers, only 11 percent of respondents reported all or most students on their caseloads received mental health services outside of school.¹⁹

¹² Froeschle, J., & Moyer, M. (2004). Just Cut it Out: Legal and Ethical Challenges in Counseling Students who Self-mutilate. *Professional School Counseling*.

¹³ Flake, E. M.; Davis, B. E.; Johnson, P. L.; Middleton, L. S. (2009). The Psychosocial Effects of Deployment on Children. *Journal of Developmental & Behavioral Pediatrics*. (a) Georgia Student Longitudinal Data System. Retrieved.

¹⁴ Chandra, A; Lara-Chinisomo, S., Jaycox, L.H.; T. Tanielian; Burns, R.M., Ruder, T.; and Han, B. (2009). Children on the Homefront: the Experience of Children from Military Families. *Pediatrics*.

¹⁵ Freedenthal, Stacey. (2007). Racial Disparities in Mental Health Service Use by Adolescents who Thought About or Attempted Suicide. *Suicide and Life-Threatening Behavior*.

¹⁶ Ibid.

¹⁷ Georgia Student Health Survey 2.0 (2015).

¹⁸ Kataoka, S.; Zhang, L.; Wells, K. (2002). Unmet Need for Mental Health Care among U.S. Children: Variation by Ethnicity and Insurance Status. *American Journal of Psychiatry*.

¹⁹ Kelly, M.S., Berzin, S. C., Frey, A., Alvarez, M., Shaffer, G., & O'Brien, K. (2010). The State of School Social Work: Findings from the National School Social Work Survey: *School Mental Health*

Children Mental Health School Intervention and Prevention

- Schools are often one of the first places where mental health crises and mental health needs of students are recognized and initially addressed.²⁰
- Of school-age children who receive any mental health services, 70 percent to 80 percent receive them at school.²¹
- An unstable/unhealthy, non-supportive, non-responsive school climate can exacerbate the conditions of students with mental health problems.²²
- Interventions to improve school climate promote the emotional and behavioral well-being of children and adolescents, particularly ones with mental or physical health problems.²³
- School climate affects not only students' motivation and school satisfaction, but their academic progress, health, mental health, and quality of life, as well.²⁴ The findings are consistent with research indicating that a school's climate affects a broad range of student emotional and behavioral outcomes.²⁵
- Interventions to improve school climate promote the emotional and behavioral well-being of children and adolescents, particularly ones with mental health issues.²⁶
- Research shows that over time the mental health status of the students worsened if the conditions of the school climate did not improve.²⁷
- A meta-analysis indicated that students' perceptions of six dimensions of school climate (sharing resources, order and discipline, parent involvement, school building appearance, student interpersonal relations, and teacher-student relations) were found to be significant indicators of their mental health.²⁸

²⁰ Froeschle, J., & Moyer, M. (2004). Just cut it out: Legal and Ethical Challenges in Counseling Students who Self-mutilate. *Professional School Counseling*.

²¹ M Atkins, M., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the Integration of Education and Mental Health in Schools. *Administration and Policy in Mental Health*.

²² Sugai, G. and Horner, R.H. (2008). What we Know and Need to Know About Preventing Problem Behavior in Schools. *Exceptionality Journal*.

²³ Way, Nicole, Reddy, Fanjini, and Rhodes, Jean. (2007). Students' Perceptions of School Climate During the Middle School Years: Associations with Trajectories of Psychological and Behavioral Adjustments. *American Journal of Community Psychology*.

²⁴ Vieno, A.; Santinello, M.; Galbiati, E. and Mirandola, M. (2004). School Climate and Well-being in Early Adolescence: A Comprehensive Model," *European Journal of School Psychology*.

²⁵ Kuperminic, G.; Leadbeater, B.J.; Emmons, C. and Blatt, S.J. (1997). Perceived School Climate and Difficulties in the Social Adjustment of Middle School Students, *Applied Developmental Science*.

²⁶ Kasen, S.N.; Johnson, J. and Cohen, P. (2000). The Impact of Social Emotional Climate on Student Psychopathology, *Journal of Abnormal Child Psychology*.

²⁷ Vieno, A.; Santinello, M.; Galbiati, E. and Mirandola, M. (2004). School Climate and Well-being in Early Adolescence: A Comprehensive Model," *European Journal of School Psychology*.

²⁸ Suldo, S.M.; McMahan, M.M.; Chappel, A.M. and Loker, T. (2012). Relationships between Perceived School Climate and Adolescent Mental Health across Genders, *School Mental Health*.

- The importance of viewing school climate as a prevention concept is supported by research that looked at the challenges to school safety when students do not feel that the school climate includes positive relationships between students and staff members.²⁹
- There exists a preponderance of evidence to support the implementation of Positive Behavioral Interventions and Supports (PBIS) as a model for school-based mental health programs to improve school climate.³⁰
- Implementation of PBIS has positive outcomes at the school-wide level, but it also allows staff to focus more time on individual students with specific needs.³¹
- Georgia Department of Education (GaDOE) has increased the number of schools implementing PBIS from less than 100 in 2009 to over 800 schools in 2016.³²
- Georgia schools implementing PBIS have an average CCRPI score of 82 compared to a CCRPI score of 57 in schools not implementing PBIS and those schools also have higher school climate ratings.³³
- To augment the critical element of school climate around classroom engagement, GaDOE works with the Marcus Center to provide Social Emotional Engagement – Knowledge and Skills in almost 30 school districts. This provides two dozen focused evidence-based instructional strategies designed specifically for students (e.g., visual supports, social narratives, functional communication training, technology assistive intervention, etc.) that enhance the positive interaction between and among students and teachers.³⁴
- Educators need training on how to identify students with possible mental health issues and to better understand mental illness. One of the most effective methods of providing this level of awareness is through Youth Mental Health First Aid (YMHFA) training.³⁵
- Research demonstrates that YMHFA increases participants' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviors toward youth with mental health problems. This increased knowledge leads to more appropriate referral for services.³⁶

²⁹ Elliot, M.; Cornell, D.; Gregory, A. and Fan. X. (2010). Supportive School Climate and Student Willingness to Seek Help for Bullying and Threats of Violence, *Journal of School Psychology*.

³⁰ Sugai, G. and Horner, R.H. (2008). What We Know and Need to Know about Preventing Problem Behavior in Schools. *Exceptionality Journal*.

³¹ Lucille Eber, Teri Lewis-Palmer, and Debra Pacchiano, "School-wide Positive Behavior Systems: Improving School Environments for All Students Including Those with EBD," Paper presented at the System of Care for Children's Mental Health Conference, Tampa, February 2012

³² Georgia Department of Education.

³³ Ibid.

³⁴ Social Emotional Engagement – Knowledge and Skills, Georgia Department of Education and the Marcus Center.

³⁵ Aakre, J.M.; Lucksted, A. and Browning-McNec, L.A. (2016). Evaluation of Youth Mental Health First Aid: A Program to Assist Young People in Psychological Distress, *Psychological Services*.

³⁶ Hadlaczky, G; Hokby S.; Mkrchian, A.; Carli, V., and Wasserman, D. (2014). Mental Health First Aid Is An Effective Public Health Intervention, *International Review of Psychiatry*.

- Project AWARE (Advancing Wellness and Resilience in Education) grant earmarked for Muscogee County, Newton County, and Griffin-Spalding County school districts increases awareness of mental health issues among school-aged youth; provides training in Youth Mental Health First Aid and connects children, youth, and families who may have behavioral health issues with appropriate services.³⁷
- Georgia DOE has trained 966 educators on YMHFA. Those that were trained have referred 4,447 students for follow-up or assessment services. Over 700 students have received school-based mental health services primarily through the interface with the Georgia APEX Project (GAP) with another 400 students referred to community-based mental health services.^{38,39}
- GAP is a pilot program to build infrastructure and increase access to mental health services for school-aged youth throughout the state. GAP supports community mental health providers to partner with schools and provide school-based mental health programs, including professional development for school staff to increase early detection of mental health needs. Project AWARE and GAP work together on the prevention, intervention, and treatment continuum.⁴⁰
- Suicide is on the prevention, intervention, and treatment continuum. The 2015 General Assembly passed HB 198 – the Jason Flatt Act of Georgia, sponsored by Rep. Katie Dempsey, which required annual suicide prevention education training for all certificated school system personnel.⁴¹ Since the passage of HB 198 the following actions were taken:⁴²
 - Georgia State Board of Education promulgated State Board Rule 160-4-8-.19.
 - GaDOE developed a Suicide Prevention Model Policy.
 - GaDOE worked with experts in the field to develop a training curriculum, trainer’s manual, training videos, training materials, and training evaluations.
 - GaDOE trained over 1,000 train-the-trainers the first year and now the annual training is being provided in every school district and each local board of education has a suicide prevention policy.
 - GaDOE developed a Preventing Suicide Toolkit for Schools.
 - GaDOE developed a Suicide Prevention Resource list for Schools.
 - GaDOE created a web-page with the bill, training materials (including the videos), and other information about suicide prevention for schools.

³⁷ Georgia Project AWARE – Georgia Department of Education.

³⁸ Ibid.

³⁹ Georgia Apex Project – Georgia Department of Behavioral Health and Developmental Disabilities.

⁴⁰ The Center of Excellence for Children’s Behavioral Health at the Georgia Health Policy Center.

⁴¹ Official Code of Georgia § 20-2-779.1 – Ga. L. 2015, p. 618, § 1/HB 198.

⁴² Georgia Department of Education: www.gadoe.org/External-Affairs-and-Policy/Policy/Pages/Suicide-Prevention.aspx

- School counselors respond to the need for mental health and behavioral prevention, early intervention and crisis services that promote psychosocial wellness and development for all students. School counselors provide school-based prevention, universal interventions and targeted interventions for students with mental health problems.⁴³
- School psychologists consult with school staff, parents, and service providers regarding the mental health needs of children. School psychologists screen, evaluate, identify and make referrals for children exhibiting mental health problems. School psychologists participate in planning and implementing appropriate educational and mental health supports.⁴⁴
- School social workers have special expertise in understanding family and community systems and linking students and their families with community services essential to promote student success such as mental health services, family support services, food, clothes, shelter, and other supports.⁴⁵
- School nurses serve a vital role in the school by promoting positive mental health outcomes in students. As members of interdisciplinary teams, school nurses collaborate with school personnel, community health care professionals, students and families, in the assessment, identification, intervention, and referral of children in need of mental health services.⁴⁶ School nurses are often the health care professionals who first assess and identify the subtle signs of mental health problems.⁴⁷

⁴³ American School Counselors Association.

⁴⁴ National Association of School Psychologists.

⁴⁵ School Social Work Association of America.

⁴⁶ National Association of School Nurses.

⁴⁷ Zupp, A. (2013). School Nurses as Gatekeepers to Plan, Prepare, and Prevent Child and Youth Suicide. *NASN School Nurse*.

Children Mental Health and Adult Outcomes

- The Adverse Childhood Experiences (ACE) study identified the relationship between adverse childhood experiences and mental and physical illness in adults.⁴⁸
- Children and teenagers with a psychiatric disorder have six times higher odds of having health, legal, financial and social problems as adults if left untreated.⁴⁹
- Studies show mental health problems during childhood that are left untreated make it more likely that the child later as an adult will be arrested.⁵⁰
- Research shows that mental health problems in children are significant and can have long term affects; children continue to have problems in adulthood if untreated.⁵¹
- Ben Lahey, Distinguished Professor of Epidemiology at the University of Chicago, found that, “We don’t invest enough in children’s mental health treatment to reduce the negative outcomes in adulthood.”⁵²
- The effect of untreated children’s mental illness is a steady and often rapid decline in mental health. Mental illness will not go away on its own, and the longer it persists, the harder it is to treat and the more serious the outcomes.⁵³
- Early identification of mental health problems and providing intervention improve outcomes for children before these conditions become far more serious, more costly, and difficult to treat.⁵⁴
- 70 percent of youth in state and local juvenile justice systems have mental illness.⁵⁵
- Youth with mental, emotional, and behavioral disorders that are not appropriately treated are more likely to use alcohol and drugs and be incarcerated during their adult years.⁵⁶
- Early treatment of mental illness may be the difference for some children between a lifelong disability with possible incarceration and dependence or a healthy measure of economic and personal self-sufficiency.⁵⁷

⁴⁸ The Adverse Childhood Experiences (ACE) Study, Centers for Disease Control.

⁴⁹ Copeland, W.E.; Wolke, Dieter; Shanahan, Lilly, and Costello, Jane. (2015). Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study. *JAMA Psychiatry*.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Lahey, Ben. (2015). Why are Children who Exhibit Psychopathology at High Risk for Psychopathology and Dysfunction in Adulthood. *JAMA Psychiatry*, September.

⁵³ Young, Joel. (2015). Untreated Mental Illness: Understanding the Effects. *Psychology Today*.

⁵⁴ *Mental Illness Exact Heavy Toll: Beginning in Youth* (2005). National Institute of Mental Health.

⁵⁵ National Center for Mental Health and Juvenile Justice. (2006).

⁵⁶ *Children with Mental Disorders: Making Sense of Their Needs and the Systems that Help Them*. (2005). National Health Policy Forum.

⁵⁷ Kopel, David and Cramer, Clayton. (2015). Reforming Mental Health Law to Protect Public Safety and Help the Severely Mentally Ill. *Howard Law Journal*.

Adult Mental Illness and Children Outcomes

- The importance of mental illness treatment for adults can impact children. Results of research indicates that persistent maternal depression predicts more negative behaviors, smaller achievement gains, and increased school absences for students in kindergarten and elementary school.⁵⁸
- Diagnosis of untreated parental mental illness throughout a child's life was associated with worse school performance through school and up to age 16. Research shows that diagnoses of parental mental illness that is untreated has far-reaching effects on child development, including the child's mental health status, with implications for future life course outcomes.⁵⁹
- Research shows that children who have a parent with a mental illness that is untreated are at significantly greater risk for multiple psychosocial problems and academic failure.⁶⁰
- Children of parents with untreated mental illness are more likely to show developmental delays, lower academic competence, and difficulty with social relationships.⁶¹
- From parental mental health at birth to multiple domains of children competence 40 years later, research shows that untreated parental mental illness is a risk factor for a range of maladaptive outcomes among children during their childhood and into their adult lives.⁶²

⁵⁸ Claessens, A., Engel, M., and Curran, F.C. (2015). The Effects of Maternal Depression on Child Outcomes during the First Years of Formal Schooling. University of Chicago.

⁵⁹ Shen, H.; Magnusson, C.; and Rai, D. (2016). Associations of Parental Depression with Child School Performance. *JAMA Psychiatry*.

⁶⁰ Beardslee, W., Versage, E. M., & Gladstone, T. R. G. (1998). Children of affectively ill parents: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*.

⁶¹ Oyserman, Oyserman, D., Mowbray, C. T., Meares, P. A., & Firminger, K. B. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry*.

⁶² Slominski, Lisa. (2010). The Effects of Parental Mental Illness on Children: Pathways to Risk to Resilience from Infancy to Adulthood. University of Michigan Press.

Mental Health Workforce

- Georgia has approximately 1,050 psychiatrists – ratio of 1:2,380 (based on 2.5 million children ages 0-18)⁶³
 - Some psychiatrists do not treat patients under the age of 18.⁶⁴
 - 50 percent of Georgia’s psychiatrists are over the age of 55.⁶⁵
- Georgia has approximately 3,200 psychologists – ratio of 1:781.⁶⁶
 - Some psychologists do not treat patients under the age of 18.⁶⁷
- Georgia has approximately 3,704 mental health counselors – ratio of 1:675.⁶⁸
 - Some mental health counselors do not treat patients under the age of 18.⁶⁹
- Georgia has approximately 3,400 school counselors - ratio - 1:500⁷⁰ (recommended ratio - 1:450)⁷¹
- Georgia has approximately 750 school psychologists - ratio - 1:2,266⁷² (recommended ratio - 1:1,000)⁷³
- Georgia has approximately 620 school social workers - ratio - 1:2,742⁷⁴ (recommended ratio - 1:250)⁷⁵
- Georgia has approximately 1,555 licensed school nurses – ratio - 1:1,100⁷⁶ (recommended ratio 1:750)⁷⁷
- NOTE: Of students receiving outpatient care for mental health conditions, 35 percent received mental health services from their pediatric primary care physician not from a psychiatrist or clinical psychologist or other mental health expert.⁷⁸

⁶³ McDonald, W. (2013). Psychiatric workforce in Georgia. Presentation to the Georgia House Study Committee on Children’s Mental Health.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Georgia Department of Education Certified Personnel Inventory. (2015).

⁷¹ American School Counselors Association. (2015).

⁷² Georgia Department of Education Certified Personnel Inventory. (2015).

⁷³ National Association of School Psychologists. (2016).

⁷⁴ Georgia Department of Education Certified Personnel Inventory. (2015).

⁷⁵ National School Social Workers Association. (2015).

⁷⁶ Georgia Department of Education Certified Personnel Inventory. (2015).

⁷⁷ National Association of School Nurses. (2016).

⁷⁸ Anderson, E.L.; Chin, M.L.; Perrin, J.M.; and Cleave, J.V. (2015). Outpatient Visits and Medication Prescribing for US Children with Mental Health Conditions. *Pediatrics*.

Recommendations

To Improve Children’s Mental Health and Impact Adult Mental Health

*Recommended by previous House and/or Senate Study Committees

*It is recommended that the state develop a Georgia Children's Mental Health Strategic Plan (Plan)⁷⁹ and the infrastructure necessary to provide comprehensive, accessible and coordinated mental health prevention, early and timely interventions, and appropriate treatment services for children⁸⁰ from birth through age 21 in order to meet the needs of children and to prevent and ultimately reduce the growing number of adults with untreated mental illness.

The Plan should be fully developed by the creation of the Children’s Mental Health Reform Council (modeled after the Criminal Justice Reform Council).⁸¹

The Plan should contain the following elements, plus other measures as needed:

- Annual recommendations for the state budget for children’s access to mental health prevention, early intervention, and timely interventions, and treatment across state agencies, based on an assessment of mental health services and resources, including plans to integrate local, state, private, and federal funding sources.

- Develop a Georgia mental health workforce and development plan that includes public and private service providers with a managed and budgeted scale-up plan that includes as a combined mental health service group:⁸²
 - Psychiatrists
 - Psychologists
 - Clinical social workers
 - Mental health counselors/therapists
 - Social workers
 - School nurses
 - School counselors
 - School psychologists
 - School social workers

- *Reduce the ratio of students to mental health personnel in Georgia schools, including school counselors, school social workers, school nurses, and school psychologists.⁸³

- *For mental health workforce development incentives, offer students studying psychiatry or psychology loan forgiveness in exchange for the committed time of a minimum of three years to work solely serving Georgia’s children.⁸⁴

⁷⁹ Georgia House Study Committee on Mental Health Access Final Report. (2013). [Chair – Rep. Katie Dempsey; Members: Rep. Joyce Chandler; Rep. Pat Gardner; Rep. Rick Jasperse; and Rep. Randy Nix]

⁸⁰ Ibid.

⁸¹ Georgia Council on Criminal Justice Reform was created by HB 349 during the 2013 legislative session.

⁸² Georgia House Study Committee on Mental Health Access Final Report. (2013).

⁸³ Georgia Senate Study Committee on Youth Mental Health and Substance Use Disorders Final Report. (2015). [Chair – Sen. Renee Unterman; Sen. Gloria Butler; Sen. Josh McKoon; and Sen. Fran Millar]; Georgia House Study Committee on Mental Health Access Final Report. (2013)

⁸⁴ Ibid.

- *Develop a community psychiatry fellowship program (public/private partnerships with universities).⁸⁵
 - Example: *New York/Columbia University model; Connecticut/Yale University model; Texas/University of Texas Southwestern model*⁸⁶
- *Support the development of a state sustainability plan for Project AWARE (Advancing Wellness and Resilience Education – Youth Mental Health First Aid Training and coordination of community mental health services for students) and expand Youth Mental Health First Aid training to include more teachers and school administrators.⁸⁷
- *Support the development of a state sustainability plan for Georgia Apex Project (Community Service Boards working to provide mental health services to students in schools) as a framework for mental health services, training, and collaboration.⁸⁸
- *Broaden access to healthcare and mental health services in schools and childcare centers by expanding school-based services.^{89,90}
 - Example: *Include mental health consultation for schools and centers modeled after the statewide program in Connecticut.*⁹¹
- *Broaden access to healthcare and mental health services in schools and childcare centers by expanding telemedicine and telemental health services and include coordination with Care Management Organizations (Medicaid).^{92,93}
- *Expand mental health training and consultation of pediatric primary care physicians to provide mental health services for children.⁹⁴
 - Example: *District of Columbia Collaborative for Mental Health in Pediatric Primary Care was developed to assist primary care pediatricians learn more about children's mental health and provide resources for pediatricians. Because most pediatricians report being least knowledgeable about mental health services for children under 5, the collaborative has increased its focus on infants, toddlers, and preschoolers. Recognizing that only 35 percent of District of Columbia pediatricians had a current listing of mental health providers, the collaborative's first undertaking*

⁸⁵ Ibid.

⁸⁶ McDonald, W. (2013). Psychiatric workforce in Georgia. Presentation to the Georgia House Study Committee on Mental Health Access (2013)

⁸⁷ Georgia House Study Committee on Mental Health Access Final Report. (2013).

⁸⁸ Georgia House Study Committee on Mental Health Access Final Report. (2013).

⁸⁹ Georgia Senate Study Committee on Youth Mental Health and Substance Use Disorders Final Report. (2015).

⁹⁰ House Study Committee on Health, Education, and School-Based Health Centers. (2015). [Chair – Rep. Bruce Broadrick; Rep. Sharon Cooper; Rep. Demetrius Douglas; Rep. Buddy Harden; and Rep. Darlene Taylor]

⁹¹ Gilliam W.S.; Maupin, A.N. and Reyes, C.R. (2016). Early Childhood Mental Health Consultation, *Journal of the American Academy of Child and Adolescent Psychiatry*, September 2016. Connecticut's Statewide Early Childhood Consultation Partnership.

⁹² Ibid.

⁹³ House Study Committee on Health, Education, and School-Based Health Centers. (2015).

⁹⁴ Ibid.

was to develop and distribute a printed directory of providers to streamline referrals.⁹⁵

- *Develop a clearinghouse of children’s mental health research, mental health endorsements and best practices (within the comprehensive plan) to disseminate to schools, practitioners, and others through training, technical assistance, and educational materials.⁹⁶
- Expand Language Nutrition and early brain development awareness and training through preparation and continuing education programs for nurses, nutritionists, physicians, early childhood educators, and teachers.^{97,98}
- *Expand school-wide Positive Behavioral Interventions and Supports (PBIS) to improve school climate and to improve the conditions for learning.^{99,100}
- *Support inclusion of early childhood classroom practices as part of PBIS training for elementary schools to help K-3 teachers and staff better support broader ranges of developmental needs of children in classrooms.¹⁰¹
- *Expand implementation of PBIS in early learning centers to support the social, emotional, intellectual, and behavioral development and link to K-3 grades to create a continuity of positive learning climates.¹⁰²
- *Support the development of a state sustainability plan for Clubhouse Services to preserve prevention, intervention, and post-treatment resources for youth in the communities.¹⁰³
- *Create grants for schools to expand and augment substance use and abuse education.¹⁰⁴
- *Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs and training programs to address youth substance use.¹⁰⁵

⁹⁵ DC Collaborative for Mental Health in Pediatric Primary Care: <http://childrensnational.org/advocacy-and-outreach/in-the-community/community-partnerships/dc-collaborative-for-mental-health-in-pediatric-primary-care>.

⁹⁶ Georgia House Study Committee on Mental Health Access Final Report. (2013).

⁹⁷ Ibid.

⁹⁸ Get Georgia Reading Campaign work with the Marcus Center and Emory University School of Nursing.

⁹⁹ Georgia House Study Committee on Mental Health Access Final Report. (2013).

¹⁰⁰ Georgia Department of Education School Climate and PBIS, Regional Education Service Agencies School Climate Specialists Program.

¹⁰¹ Bitsko, R.H.; Holbrook, J.R.; Robinson, L.R.; Kaminski, J.W.; Ghandour, R.; Smith, C. and Peacock, G. (2016). Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood, *MMWR*.

¹⁰² Georgia House Study Committee on Mental Health Access Final Report. (2013).

¹⁰³ Georgia Senate Study Committee on Youth Mental Health and Substance Use Disorders Final Report. (2015).

¹⁰⁴ Ibid.

¹⁰⁵ Georgia Senate Study Committee on Youth Mental Health and Substance Use Disorders Final Report. (2015).

- *Develop partnerships of facility usage for cross-functioning training opportunities, dissemination of information, and technical assistance between and among.¹⁰⁶
 - Community Service Boards Centers
 - County Public Health Departments
 - Regional Educational Service Agencies
 - Workforce Development Centers
 - Juvenile Courts
 - University System of Georgia
 - Technical College System of Georgia
 - Community Schools (high schools)
 - Public Libraries
 - Department of Family and Children Services offices

¹⁰⁶ Georgia House Study Committee on Mental Health Access Final Report. (2013).