

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 3 of Title 8 of the Official Code of Georgia Annotated,
2 relating to housing authorities generally, so as to revise provisions relating to tenant
3 selection; to amend Part 2 of Article 6 of Chapter 7 of Title 17 of the Official Code of
4 Georgia Annotated, relating to demurrers, motions, and special pleas and exceptions relative
5 to insanity and mental incompetency, so as to repeal provisions relating to proceedings upon
6 a plea of mental incompetency to stand trial which were deemed unconstitutional and enact
7 new provisions relating to the same subject; to amend Title 37 of the Official Code of
8 Georgia Annotated, relating to mental health, so as to provide for the development of state
9 level guidance to standardize terminology relating to serious mental illness; to provide for
10 county based, dedicated coordinators to provide for collaboration between criminal justice
11 and behavioral health providers; to provide for the establishment of a state-wide
12 public-private partnership to serve as a clearing-house; to provide for a pilot program to
13 provide funding for county jails to implement validated behavioral health screening; to
14 provide for a grant program for jail in-reach and reentry programs; to provide for a
15 comprehensive study of the public behavioral health workforce; to provide for appointment
16 of peer support specialists as members of the Behavioral Health Reform and Innovation
17 Commission; to revise provisions relating to the authority of the commission; to direct the
18 commission to convene a task force on inpatient beds and competency evaluations; to direct

19 the commission to convene a task force to study services for the homeless; to authorize
20 certain officials on the Behavioral Health Coordinating Council to be represented in meetings
21 by a delegate or agent; to repeal provisions relating to formulation and publication of state
22 plan for disability services; to amend Title 43 of the Official Code of Georgia Annotated,
23 relating to professions and businesses, so as to provide for a study of certain professional
24 licensing boards; to authorize the Georgia Composite Board of Professional Counselors,
25 Social Workers, and Marriage and Family Therapists to waive certain requirements for
26 applicants licensed in other jurisdictions; to authorize the Georgia Composite Board of
27 Professional Counselors, Social Workers, and Marriage and Family Therapists to establish
28 a professional health program to provide for monitoring and rehabilitation of impaired health
29 care professionals; to authorize the Georgia Board of Nursing to establish a professional
30 health program to provide for monitoring and rehabilitation of impaired health care
31 professionals; to amend Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia
32 Annotated, relating to the Office of Planning and Budget, so as to revise provisions relating
33 to the Georgia Data Analytic Center; to provide for definitions; to provide for a director; to
34 establish the Georgia Data Analytic Center as the central data repository for the state for
35 interagency data sharing; to provide for authority of the director and the center; to amend
36 Title 49 of the Official Code of Georgia Annotated, relating to social services, so as to
37 require certain coverage under the Medicaid program; to repeal a provision relating to the
38 submission of an annual report by the commissioner of behavioral health and developmental
39 disabilities; to provide for the establishment of the Georgia Health Care Professionals Data
40 System by the Georgia Board of Health Care Workforce; to provide for definitions; to
41 provide for collaboration with state licensing boards; to provide for a publicly accessible
42 website; to provide for collection of data from state licensing boards; to provide for specified
43 data; to provide for student loan repayment for mental health and substance use professionals
44 serving in certain capacities; to provide for definitions; to authorize the board to approve
45 applications; to provide for eligibility requirements; to provide for loan repayment

46 agreements and conditions; to provide for rules and regulations; to provide for appropriations
47 contingency; to amend Article 1 of Chapter 8 of Title 50 of the Official Code of Georgia
48 Annotated, relating to general provisions relative to the Department of Community Affairs,
49 so as to address ways to increase supportive housing development for the "familiar faces"
50 population; to provide for an annual report; to provide for related matters; to repeal
51 conflicting laws; and for other purposes.

52 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

53 **SECTION 1.**

54 Article 1 of Chapter 3 of Title 8 of the Official Code of Georgia Annotated, relating to
55 housing authorities generally, is amended by revising Code Section 8-3-12, relating to
56 dwelling accommodations for persons of low income and duties with respect to rentals and
57 tenant selection, as follows:

58 "8-3-12.

59 (a) In the operation or management of housing projects, an authority shall at all times
60 observe or cause to be observed the following duties with respect to rentals and tenant
61 selection in those dwelling accommodations that are reserved for occupancy by persons of
62 low income:

63 (1) It may rent or lease such dwelling accommodations only to persons of low income;

64 (2) It may rent or lease such dwelling accommodations only at rentals within the
65 financial reach of such persons of low income;

66 (3) It may rent or lease such dwelling accommodations consisting of the number of
67 rooms (but no greater number) which it deems necessary to provide safe and sanitary
68 accommodations to the proposed low-income occupants thereof without overcrowding;

69 (4) It shall not accept any person as a tenant in such dwelling accommodations if the
70 person or persons who would occupy the dwelling accommodations have, at the time of

71 admission, an aggregate annual net income, less an exemption of \$100.00 for each minor
 72 member of the family other than the head of the family and his or her spouse, in excess
 73 of five times the annual rental of the dwelling accommodation to be furnished such
 74 person or persons. In computing the rental for this purpose of selecting tenants, there shall
 75 be included in the rental the average annual cost to the occupants, as determined by the
 76 authority, of heat, water, electricity, gas, cooking range, and other necessary services or
 77 facilities, whether or not the charge for such services and facilities is in fact included in
 78 the rental;

79 (5) It shall not refuse to accept any person as a tenant in such dwelling accommodations
 80 if a person or persons who would occupy the dwelling accommodations have been
 81 convicted of one or more criminal offenses if such offense or offenses are unrelated to
 82 fitness as a tenant in accordance with guidelines established by the Department of
 83 Community Affairs pursuant to Code Section 50-8-19; and

84 ~~(5)~~(6) It shall prohibit subletting by low-income tenants.

85 (b) Nothing contained in this Code section or Code Section 8-3-11 shall be construed as
 86 limiting the power of an authority to vest in an obligee the right, in the event of a default
 87 by the authority or by any for profit entity in which the authority participates, directly or
 88 indirectly, through a private enterprise agreement, to take possession of a housing project
 89 or cause the appointment of a receiver thereof or acquire title thereto through foreclosure
 90 proceedings, free from all the restrictions imposed by this Code section or Code Section
 91 8-3-11, provided that an authority may agree to conditions as to tenant eligibility or
 92 preference required by the federal government pursuant to federal law in any contract for
 93 financial assistance with the authority."

94 SECTION 2.

95 Part 2 of Article 6 of Chapter 7 of Title 17 of the Official Code of Georgia Annotated,
 96 relating to demurrers, motions, and special pleas and exceptions relative to insanity and

97 mental incompetency, is amended by repealing Code Section 17-7-130, relating to
98 proceedings upon a plea of mental incompetency to stand trial, and enacting a new Code
99 Section 17-7-130 to read as follows:

100 "17-7-130.

101 (a) As used in this Code section, the term:

102 (1) 'Child' means an accused person under the jurisdiction of the superior court pursuant
103 to Code Section 15-11-560.

104 (2) 'Civil commitment' means the accused's involuntary inpatient or outpatient
105 commitment pursuant to Chapter 3 or 4 of Title 37, as appropriate.

106 (3) 'Court' means the court which has jurisdiction over the criminal charges against the
107 accused.

108 (4) 'Department' means the Department of Behavioral Health and Developmental
109 Disabilities.

110 (5) 'Developmental disability' shall have the same meaning as set forth in paragraph (8)
111 of Code Section 37-1-1.

112 (6) 'Inpatient' shall have the same meaning as in paragraph (9.1) of Code Section 37-3-1;
113 provided, however, that as applied to a child for purposes of this Code section, the term
114 shall mean a child who is mentally ill or has a developmental disability and is in need of
115 involuntary placement.

116 (7) 'Nonviolent offense' means any offense other than a violent offense.

117 (8) 'Outpatient' shall have the same meaning as in paragraph (12.1) of Code Section
118 37-3-1, provided that:

119 (A) As applied to a child for purposes of this Code section, the term shall mean a child
120 who is mentally ill or has a developmental disability and is in need of involuntary
121 placement; and

122 (B) The court determines that the accused meets the criteria for release on bail or other
123 pre-trial release pursuant to Code Section 17-6-1.

124 (9) 'Serious violent felony' shall have the same meaning as set forth in Code Section
125 17-10-6.1.

126 (10) 'Sexual offense' shall have the same meaning as set forth in Code Section 17-10-6.2.

127 (11) 'Violent offense' means:

128 (A)(i) A serious violent felony;

129 (ii) A sexual offense;

130 (iii) Criminal attempt to commit a serious violent felony;

131 (iv) Criminal attempt to commit a sexual offense;

132 (v) Aggravated assault;

133 (vi) Hijacking a motor vehicle in the first degree or hijacking an aircraft;

134 (vii) Aggravated battery;

135 (viii) Aggravated stalking;

136 (ix) Arson in the first degree or in the second degree;

137 (x) Stalking;

138 (xi) Fleeing or attempting to elude a police officer; or

139 (xii) Any offense which involves the use of a deadly weapon or destructive device;

140 and

141 (B) Those felony offenses deemed by the court to involve an allegation of actual or
142 potential physical harm to another person.

143 (b)(1) If an accused files a motion requesting a competency evaluation, the court may
144 order the department to conduct an evaluation by a physician or licensed psychologist to
145 determine the accused's mental competency to stand trial and, if such physician or
146 licensed psychologist determines the accused to be mentally incompetent to stand trial,
147 to make recommendations as to restoring the accused to competency. If the accused is
148 a child, the department shall be authorized to place such child in a secure facility
149 designated by the department. The department's evaluation shall be submitted to the
150 court, and the court shall submit such evaluation to the attorney for the accused or if pro

151 se, to the accused, but otherwise, the evaluation shall be under seal and shall not be
152 released to any other person absent a court order.

153 (2) If the accused files a special plea alleging that the accused is mentally incompetent
154 to stand trial, it shall be the duty of the court to have a bench trial, unless the state or the
155 accused demands a special jury trial, to determine the accused's competency to stand trial.
156 Once a special plea has been filed, the court shall submit the department's evaluation to
157 the prosecuting attorney.

158 (c) If the court finds the accused is mentally incompetent to stand trial, the court may order
159 a department physician or licensed psychologist to evaluate and diagnose the accused as
160 to whether there is a substantial probability that the accused will attain mental competency
161 to stand trial in the foreseeable future. The court shall retain jurisdiction over the accused
162 and may transfer the accused to the physical custody of the department if, after a hearing,
163 the court in its discretion determines the evaluation should be performed on the accused as
164 an outpatient. At its discretion, the court may allow the evaluation to be performed on the
165 accused as an outpatient. Such evaluation shall be performed within 90 days after the
166 department has received actual custody of an accused or, in the case of an outpatient, a
167 court order requiring evaluation of an accused. If the accused is a child, the department
168 shall be authorized to place such child in a secure facility designated by the department.

169 If the evaluation shows:

170 (1) That the accused is mentally competent to stand trial, the department shall
171 immediately report that determination and the reasons therefor to the court, and the court
172 shall submit such determination to the attorney for the accused or, if pro se, to the
173 accused and to the prosecuting attorney. The accused shall be returned to the court as
174 provided for in subsection (d) of this Code section;

175 (2) That the accused is mentally incompetent to stand trial and that there is not a
176 substantial probability that the accused will attain competency in the foreseeable future,

177 the court shall follow the procedures set forth in subsection (e) of this Code section for
178 civil commitment or release; or

179 (3) That the accused is mentally incompetent to stand trial but there is a substantial
180 probability that the accused will attain competency in the foreseeable future, by the end
181 of the 90 day period, or at any prior time, the department shall report that finding and the
182 reasons therefor to the court and shall retain custody over the accused for the purpose of
183 continued treatment for an additional period not to exceed nine months; provided,
184 however, that if the accused is charged with a misdemeanor offense or a nonviolent
185 offense, the court shall retain jurisdiction over the accused but may, in its discretion,
186 allow continued treatment to be done on an outpatient basis by the department. The
187 department shall monitor the accused's outpatient treatment for the additional period not
188 to exceed nine months. If, by the end of the nine-month period or at any prior time the
189 accused's condition warrants, the accused is still determined by the department physician
190 or licensed psychologist to be mentally incompetent to stand trial, irrespective of the
191 probability of recovery in the foreseeable future, the department shall report that finding
192 and the reasons therefor to the court. The court shall then follow the procedures in
193 subsection (e) of this Code section for civil commitment or release.

194 (d)(1) If the department's physician or licensed psychologist determines at any time that
195 the accused is mentally competent to stand trial, the department shall notify the court, and
196 the accused shall be discharged into the custody of a sheriff of the jurisdiction of the court
197 unless the charges which led to the evaluation or civil commitment have been dismissed,
198 in which case the accused shall be discharged from the department. In the event a sheriff
199 does not appear and take custody of the accused within 20 days after notice to the
200 appropriate sheriff of the jurisdiction of the court, the presiding judge of the court, and
201 the prosecuting attorney for the court, the department shall itself return the accused to one
202 of the court's detention facilities, and the cost of returning the accused shall be paid by
203 the county in which the court is located. All notifications under this paragraph shall be

204 sent by certified mail or statutory overnight delivery, return receipt requested. As an
205 alternative to returning the accused to the sheriff of the jurisdiction of the court, the
206 department may hold the accused at the department's secure facility instead of at the
207 court's detention facilities whenever a department physician or licensed psychologist
208 provides written notice to the court that such detention in the court's facilities would be
209 detrimental to the well-being of the accused. Such alternative detention shall continue
210 only until the date of the accused's trial. Regardless of where the accused is held, the
211 court shall hold a bench trial to determine the accused's mental competency to stand trial
212 within 45 days of receiving the department's evaluation or, if demanded, shall conduct
213 a special jury trial within six months of receiving the department's evaluation.

214 (2) If the accused is an outpatient and the department's physician or licensed psychologist
215 determines at any time that the accused is mentally competent to stand trial, the accused
216 may remain in the community under conditions of bond or other conditions ordered by
217 the court, if any, until the date of the accused's trial, which shall be within 45 days of the
218 court receiving the department's evaluation if tried by the court or within six months of
219 receiving the department's evaluation if a special jury trial is demanded.

220 (e) If the evaluation performed pursuant to subsection (c) of this Code section shows that
221 the accused is mentally incompetent to stand trial and that there is not a substantial
222 probability that the accused will attain competency in the foreseeable future:

223 (1) If the accused is charged with a misdemeanor, the department shall return the
224 physical custody of the accused to a sheriff of the jurisdiction of the court; provided,
225 however, that as an alternative to returning the accused to the sheriff of the jurisdiction
226 of the court, the department may hold the accused at the department's secure facility
227 instead of at the court's detention facilities whenever a department physician or licensed
228 psychologist provides written notice to the court that such detention in the court's
229 facilities would be detrimental to the well-being of the accused. Such alternative

230 detention shall continue only until the date of the accused's trial. Regardless of where the
231 accused is held, the court shall, within 45 days of receiving the department's evaluation:
232 (A) Consider entry of a nolle prosequi of the charges pursuant to Code Section 17-8-3
233 and, if the accused is not a child, request that the department petition the probate court
234 of the jurisdiction of the accused's residence for civil commitment of the accused; or
235 (B) If the court finds that the accused does not meet the criteria for civil commitment,
236 the accused shall be released in accordance with the provisions of Chapter 6 of this title;
237 or
238 (2) If the accused is charged with a felony, the department shall return the physical
239 custody of the accused to a sheriff of the jurisdiction of the court; provided, however, that
240 as an alternative to returning the accused to the sheriff of the jurisdiction of the court, the
241 department may hold the accused at the department's secure facility instead of at the
242 court's detention facilities whenever a department physician or licensed psychologist
243 provides written notice to the court that such detention in the court's facilities would be
244 detrimental to the well-being of the accused. Such alternative detention shall continue
245 only until the date of the accused's trial. The department shall report to the court its
246 finding regarding the accused's mental competency to stand trial, the reasons therefor, and
247 its opinion as to whether the accused currently meets the criteria for civil commitment.
248 The court may order an independent evaluation of the accused by a court appointed
249 licensed clinical psychologist or psychiatrist, who shall report to the court in writing as
250 to the current mental and emotional condition of the accused. Regardless of where the
251 accused is held, the court shall, within 45 days of receiving the department's evaluation:
252 (A) Consider entry of a nolle prosequi of the charges pursuant to Code Section 17-8-3
253 and, if the accused is not a child, request that the department petition the probate court
254 of the jurisdiction of the accused's residence for civil commitment of the accused; or
255 (B) Retain jurisdiction of the accused and conduct a trial at which the court shall hear
256 evidence and consider all psychiatric and psychological evaluations submitted to the

257 court and determine whether the state has proved by clear and convincing evidence that
258 the accused meets the criteria for civil commitment. The burden of proof in such trials
259 shall be upon the state. Following the trial:

260 (i) If the court finds that the accused does not meet the criteria for civil commitment,
261 the accused shall be released in accordance with the provisions of Chapter 6 of this
262 title;

263 (ii) If the court finds that the accused meets the criteria for civil commitment, the
264 judge may issue an order civilly committing the accused, and the court shall order the
265 civil commitment to be on an inpatient or outpatient placement; provided, however,
266 that if the accused is a child, the department shall be authorized to place such child
267 in a secure facility designated by the department;

268 (iii) If the accused is civilly committed pursuant to division (ii) of this subparagraph
269 and was charged with a nonviolent offense, the court may order civil commitment on
270 an annual basis, but in no case for a period to exceed the maximum period for which
271 the accused could have been sentenced on the most serious nonviolent offense
272 charged or a period to exceed five years, whichever is less, provided that civil
273 commitment shall be reevaluated by a department physician or licensed psychologist
274 on an annual basis;

275 (iv) If the accused is civilly committed pursuant to division (ii) of this subparagraph
276 and was charged with a violent offense, the court may order civil commitment on an
277 annual basis, but in no case for a period to exceed the maximum period for which the
278 accused could have been sentenced on the most serious violent offense charged,
279 provided that civil commitment shall be reevaluated by a department physician or
280 licensed psychologist on an annual basis;

281 (v) Following the civil commitment pursuant to division (ii) of this subparagraph, a
282 department physician or licensed psychologist shall submit to the court his or her
283 annual evaluation as to whether the civilly committed accused continues to meet the

284 criteria for civil commitment. The court shall mail the annual evaluation to the
285 attorney for the accused or, if pro se, to the accused and to the prosecuting attorney.
286 The court shall review the case annually and enter the appropriate order to renew the
287 civil commitment, to change the civil commitment status, or, in the event the charges
288 are dismissed, to transfer the jurisdiction of the case to the probate court of the
289 jurisdiction of the accused's residence for further civil commitment; provided,
290 however, that after the department submits its annual evaluation, if the state or the
291 accused requests a hearing regarding civil commitment, the court shall hold a hearing
292 on such issue; and

293 (vi) An accused who is civilly committed pursuant to division (ii) of this
294 subparagraph may make an application for release from civil commitment but shall
295 only be released from that civil commitment by order of the court in accordance with
296 the procedures specified in paragraphs (1) through (3) of subsection (f) of Code
297 Section 17-7-131, except that the burden of proof in such release hearing shall be on
298 the state, and if the civilly committed accused is indigent, the accused may petition
299 the court to have an evaluation performed by a physician or licensed psychologist of
300 the accused's choice, and the court may order the cost of such evaluation be paid for
301 by the county.

302 (f) If, at any time, the department's physician or licensed psychologist determines that the
303 accused is mentally incompetent to stand trial but later determines that the accused is
304 mentally competent to stand trial, the court shall be so notified and shall order the accused
305 detained or discharged in accordance with paragraph (1) of subsection (d) of this Code
306 section. Any accused determined by a department physician or licensed psychologist to
307 be mentally competent to stand trial and returned to the court as provided in subsection (d)
308 of this Code section shall again be entitled to file a special plea as provided for in this Code
309 section.

310 (g) If an accused is determined by a department physician or licensed psychologist to be
311 mentally incompetent to stand trial, whether or not civilly committed pursuant to this Code
312 section, the state may file at any time a motion for rehearing on the issue of the accused's
313 mental competency to stand trial. If the state's motion is granted, the case shall proceed as
314 provided in this Code section.

315 (h) Nothing in this Code section shall prevent the accused or the state from seeking a court
316 order for a nondepartment mental competency evaluation of the accused at the cost of the
317 movant. If a nondepartment mental competency evaluation is ordered, the court shall abide
318 by the time frames for trial as set forth in this Code section unless the court determines, for
319 good cause shown, that such time frames require adjustment for a nondepartment
320 evaluation.

321 (i) The 'Crime Victims' Bill of Rights,' as set forth in Chapter 17 of this title, shall be
322 applicable to any judicial proceeding held pursuant to this Code section, and notice shall
323 be provided to any victim as set forth in such chapter."

324 **SECTION 3.**

325 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
326 adding new Code sections to Article 2 of Chapter 1, relating to the powers and duties of the
327 Department of Behavioral Health and Developmental Disabilities, to read as follows:

328 "37-1-30.

329 (a) The department, in collaboration with the Behavioral Health Innovation and Reform
330 Commission, Department of Corrections, Department of Juvenile Justice, Department of
331 Community Supervision, and other relevant mental health, judicial, and law enforcement
332 officials and experts, shall develop state level guidance to standardize terminology to aid
333 in facilitating communication, streamlining information sharing, establishing shared
334 baseline data, setting measurable goals, and measuring progress among state and local
335 agencies and other entities. Such standardized terminology shall include development of

336 a single shared definition of 'serious mental illness' that is consistently used by community
337 services boards, corrections agencies, courts, law enforcement, and community supervision
338 entities. Such standardized terminology may also include the development of single
339 definitions for homeless individuals, recidivism, and other related terms. A preliminary
340 single shared definition of 'serious mental illness' and any other associated definitions shall
341 be proposed no later than December 1, 2023.

342 (b) No later than December 1, 2023, the department shall begin conducting a pilot rollout
343 at select sites to test the use of the standardized definitions and associated guidance to make
344 any adjustments necessary to ensure it is scalable for a successful rollout statewide.

345 (c) A single shared definition of 'serious mental illness' and any other associated
346 definitions shall be finalized and adopted by the department and the other affected state
347 agencies no later than December 31, 2023.

348 37-1-31.

349 (a) Subject to available funding, the department shall employ or contract with, or provide
350 funding for one or more community service boards to employ or contract with, individuals
351 to serve as county based, dedicated coordinators to provide for collaboration between
352 criminal justice and behavioral health providers. Such collaboration shall assist in ensuring
353 that available behavioral health resources are utilized to their full potential and that any
354 barriers to access such resources are minimized, that individuals experiencing a mental
355 health crisis who do not pose a public safety risk get the care they need and do not go to
356 jail, and that jail admissions are decreased for people with mental illness.

357 (b) The role of such dedicated coordinators shall be to:

358 (1) Facilitate the building of strong collaborative relationships between local law
359 enforcement agencies and local behavioral health providers;

360 (2) Provide for continuous work engaging with referral sources, including providing
361 training, providing pamphlets, and being available to law enforcement; and

362 (3) To liaise between key law enforcement and behavioral health partners to better
363 utilize the existing resources in this state, including, but not limited to, crisis stabilization
364 units established pursuant to Code Section 37-1-29 and co-responder programs
365 established pursuant to Chapter 12 of this title.

366 37-1-32.

367 (a) The department shall be authorized to coordinate the establishment of a state-wide
368 public-private partnership to serve as a clearing-house and resource for best practices,
369 information, and resources that support developing and sustaining practices for 'familiar
370 faces.' Such clearing-house may be housed at an institution of higher education, a
371 nonprofit organization, or such other entity deemed appropriate by the department and shall
372 draw on the expertise of affected state agencies, law enforcement agencies, local behavioral
373 health care providers, and other experts and entities. Such clearing-house may:

374 (1) Provide technical assistance to counties;

375 (2) Host events to improve information sharing across local governments, law
376 enforcement, public safety agencies, community service boards, crisis and other
377 behavioral health providers, and courts;

378 (3) Provide expert advisement on developing and implementing diversion programs and
379 assisting jails in implementing behavioral health screening;

380 (4) Disseminate and share evidence based practices and best practices among counties;

381 (5) Act as a central repository for information and resources related to criminal justice,
382 juvenile justice, mental health, and substance abuse; and

383 (6) Coordinate and organize the process of the state interagency justice, mental health,
384 and substance abuse work group with the outcomes of the local projects for state and
385 local policy and budget developments and system planning.

386 (b) The clearing-house shall be authorized to provide annual reports to the General
387 Assembly on:

388 (1) The effect various initiatives have had on meeting the needs of adults and juveniles
 389 who have a mental illness, substance abuse disorder, or co-occurring mental health and
 390 substance abuse disorders, and whether such initiatives have resulted in a reduction in the
 391 number of forensic commitments to state mental health treatment facilities;

392 (2) The effect on the availability and accessibility of effective community based mental
 393 health and substance abuse treatment services for adults and juveniles who have a mental
 394 illness, substance abuse disorder, or co-occurring mental health and substance abuse
 395 disorders; and

396 (3) How community diversion alternatives have reduced incarceration and commitments
 397 to state mental health treatment facilities.

398 (c) As used in this Code section, the term 'familiar faces' means individuals with serious
 399 mental illness who have frequent contact with criminal justice, homeless, and behavioral
 400 health systems.

401 37-1-33.

402 (a) Subject to appropriations or other available funding, the department shall:

403 (1) Conduct a pilot program to provide funding for county jails to implement validated
 404 behavioral health screening. The purpose of the pilot program shall be to expand the use
 405 of best practice behavioral health screening in jail credentialing and standards. Pilot
 406 funding will enable county jails to conduct screening for mental illness and divert
 407 individuals from jail who should be connected or reconnected to services and treatment,
 408 which can result in improved quality of life for the individual, decreased recidivism, and
 409 decreased costs and use of resources by the county and state. The department shall
 410 identify best practice models in this state and nationally for screening, brief intervention,
 411 and referral to treatment services to aid pilot funding recipients in establishing or
 412 improving their behavioral health screening programs and protocols; and

413 (2) Establish a grant program to build local capacity with funding and technical
414 assistance for one or more counties to create or expand collaborative jail in-reach and
415 reentry programs. Such programs focus on 'familiar faces' and strive to reduce recidivism
416 by pairing individuals exiting incarceration with community resources to assist them in
417 becoming self-sufficient. Such programs can provide access to resources such as needed
418 medications, shelter, peer support, drug treatment, job skills training, mental health
419 treatment, employment, and housing.

420 (b) The department shall provide an annual report to the Governor and the General
421 Assembly on any grant funding disbursed pursuant to the pilot program or grant program
422 established pursuant to this Code section, including any progress toward the goals of the
423 state and its counties resulting from such pilot program or grant program, and any
424 recommendations as to the expansion of such pilot or grant program statewide.

425 (c) As used in this Code section, the term 'familiar faces' means individuals with serious
426 mental illness who have frequent contact with criminal justice, homeless, and behavioral
427 health systems.

428 37-1-34.

429 (a) The department shall conduct a comprehensive study of the public behavioral health
430 workforce in this state, including staffing at the department, state behavioral health care
431 facilities, and community service boards to identify gaps and challenges in such workforce,
432 better understand recruitment and retention challenges among such workforce, and allow
433 for targeted solutions to address shortages impacting those most in need of behavioral
434 health care in this state.

435 (b) Such study shall include a review of staffing levels, salaries, vacancy rates, and a
436 comparison to private practice salaries and salaries of public behavioral health workforce
437 staff members in surrounding states.

438 (c) The department shall complete such study and submit its findings and
 439 recommendations to the Governor, the General Assembly, and the Office of Health
 440 Strategy and Coordination no later than December 1, 2023.

441 (d) This Code section shall stand repealed on December 1, 2023.

442 37-1-35.

443 (a) The department shall conduct a study evaluating potential expansion of the number of
 444 Co-Occurring Clubhouse Programs established and administered by the department that
 445 provide continued care for youth with behavioral health needs and substance use or abuse
 446 issues, in which youth are commonly referred to the program through their core provider,
 447 schools, and other community outreach efforts, and in which the expected length of stay
 448 in the clubhouse program is between nine and 12 months.

449 (b) The department shall complete such study and submit its findings and
 450 recommendations to the Governor and the General Assembly no later than
 451 December 1, 2023.

452 (c) This Code section shall stand repealed on December 1, 2023.

453 37-1-36.

454 (a) The department shall work with the Department of Community Health to conduct a
 455 study to:

456 (1) Evaluate the need for establishing, or contracting with, additional residential
 457 treatment facilities and crisis stabilization units for Georgians with acute autism spectrum
 458 disorder. Such study shall include recommendations on methods of funding of any
 459 needed increase in treatment capacity; and

460 (2) Review the department's policies and practices and recommend changes to enable the
 461 Department of Juvenile Justice to:

462 (A) Serve as a referral source for psychiatric treatment residential facilities; and

489 (E) A representative of a community service board; and

490 (F) A peer support specialist;

491 (3) The following members appointed by the Speaker of the House of Representatives:

492 (A) Two members of the House of Representatives;

493 (B) A police chief;

494 (C) A licensed clinical behavioral health professional;

495 (D) A behavioral health advocate; ~~and~~

496 (E) A judge who presides in an accountability court, as defined in Code Section
497 15-1-18; and

498 (F) A peer support specialist; and

499 (4) The following members appointed by the Chief Justice of the Supreme Court of
500 Georgia:

501 (A) One Justice of the Supreme Court of Georgia; and

502 (B) Two judges."

503 **SECTION 5.**

504 Said title is further amended in Code Section 37-1-114.1, relating to the authority of the
505 Behavioral Health Reform and Innovation Commission, by revising paragraph (2) as follows:

506 "(2) Coordinate initiatives to assist local communities in keeping people with serious
507 mental illness out of county and municipal jails and detention facilities, including
508 juvenile detention, and, facilitated by nationally recognized experts, to improve outcomes
509 for individuals who have frequent contact with criminal justice, homeless, and behavioral
510 health systems, termed 'familiar faces,' including, but not limited to:

511 (A) Serving as liaison to state and local leaders to inform policy and funding priorities;

512 (B) Collaborating with the Department of Behavioral Health and Developmental
513 Disabilities and other relevant agencies to develop ~~Developing~~ a shared definition of

- 514 'serious mental illness' in consultation with relevant mental health, judicial, and law
 515 enforcement officials and experts pursuant to Code Section 37-1-30;
- 516 (C) Exploring funding options to implement universal screening upon admission into
 517 a county or municipal jail or detention facility;
- 518 (D) Developing proposed state guidelines, tools, and templates to facilitate sharing of
 519 information among state and local entities compliant with state and federal privacy
 520 laws;
- 521 (E) Adopting recommendations to promote the use of pre-arrest diversion strategies
 522 that reduce revocations and reduce unnecessary contact with the criminal justice
 523 system;
- 524 (F) Developing a shared definition for 'high utilization' in consultation with relevant
 525 behavioral health and criminal justice experts;
- 526 (G) Implementing improvements to data sharing across and between local and state
 527 agencies;
- 528 (H) Improving strategies to refer and connect individuals to needed community based
 529 health and social services, including addressing gaps in continuity of care;
- 530 (I) Leading a comprehensive, multiyear plan to further expand ~~Expanding~~ the use of
 531 and support for forensic peer monitors; and
- 532 (J) Analyzing best practices to address and ameliorate the increase in chronic
 533 homelessness among persons with behavioral health and substance abuse disorder,
 534 particularly the challenges of unsheltered homelessness, and formulating
 535 recommendations for policies and funding to address such issues, considering the best
 536 practices of other states and the permissible use of all available funding sources;"

537 **SECTION 6.**

538 Said title is further amended by adding new Code sections to Article 6 of Chapter 1, relating
 539 to the Behavioral Health Reform and Innovation Commission, to read as follows:

540 "37-1-115.2.

541 (a) The commission shall convene a task force on reviewing and building a continuum of
542 care to ensure access to and appropriate use of the behavioral health system and the
543 criminal justice system. The task force shall:

544 (1) Undertake a study on access to inpatient behavioral health beds in this state,
545 including the current capacity of inpatient behavioral health beds, the number of beds for
546 varying acuity levels, the location of beds, the number of such beds deemed necessary to
547 meet the needs of the state, and make recommendations for any needed capacity building.
548 Such study shall also include a review of the continuum of crisis services to determine
549 if changes can be made in other points on the continuum that could relieve capacity needs
550 on inpatient behavioral health beds, including examining the need for non-crisis
551 resources, such as psychiatric respite beds and other resources and services to all for
552 interventions before a crisis occurs. Such study may also include: (i) recommendations
553 on the implementation or expansion of programs that provide continued care for youth
554 with behavioral health needs and substance use or abuse issues for youth referred by core
555 providers, schools, and the community outreach programs; and (ii) evaluation of the need
556 for establishing, or contracting with, additional residential treatment facilities and crisis
557 stabilization units for Georgians with acute autism spectrum disorder and methods of
558 funding of any needed increase in treatment capacity. The study shall base any
559 recommendations on outcomes, including, but not limited to, decreasing wait times for
560 placement to services and streamlining care connections while keeping individuals in the
561 community when that is the most appropriate setting for them;

562 (2) Conduct a formal review of challenges with getting competency evaluation and
563 restoration services in Georgia. Such formal review shall include identifying promising
564 and best practices for reducing wait times for competency evaluations and document
565 successful diversion 'off-ramps' to limit criminal justice involvement when appropriate.
566 In conducting such review, the task force shall:

- 567 (A) Identify current services and resources available for individuals in the criminal
568 justice system who have been found incompetent to stand trial;
569 (B) Analyze current trends of competency referrals by county and the impact of any
570 diversion projects or stepping-up initiatives;
571 (C) Analyze selected case reviews and other data to identify risk levels of those
572 individuals, service usage, housing status, and health insurance status prior to being
573 jailed;
574 (D) Research how other states address this issue, including funding and structure of
575 community competency restoration programs, and jail based programs; and
576 (E) Develop recommendations to address the growing number of individuals deemed
577 incompetent to stand trial, including increasing prevention and diversion efforts,
578 providing a timely and efficient process for reducing the amount of time individuals
579 remain in the criminal justice system, determining how to provide and fund competency
580 restoration services in the community, and defining the role of the counties and state
581 in providing competency restoration;
582 (3) Review state forensic laws, regulations, and policies affecting the interaction of
583 individuals with behavioral health issues between the criminal justice system and the
584 behavioral health system; and
585 (4) Conduct a study of means to increase available capacity of child and adolescent
586 substance misuse intensive outpatient programs.
587 (b) The task force shall complete such studies and submit its findings and
588 recommendations from each to the commission, the Governor, the General Assembly, and
589 the Office of Health Strategy and Coordination no later than December 1, 2023.

590 37-1-115.3.

- 591 (a) The commission shall convene a task force to examine issues relating to the impact of
592 behavioral health on the state's homeless population. Task force members shall be

593 appointed by the chairperson of the commission and shall be composed of relevant state
 594 and local officials, representatives of advocacy groups, experts, and other stakeholders.

595 (b) The task force shall be directed to:

596 (1) Identify all state and local government agencies, nonprofit organizations and others
 597 that are providing services and expending funds to help the homeless population and
 598 identify all funding sources;

599 (2) Make recommendations on how to better coordinate such government agencies and
 600 nonprofit organizations, services, and money;

601 (3) Make recommendations on creating a system for government agencies and nonprofit
 602 organizations to share data about individuals being served;

603 (4) Study and make recommendations on ways to improve the transition from the
 604 Department of Corrections to the community as it relates to housing and wrap-around
 605 services to increase the likelihood that the person remains housed; and

606 (5) Make overall recommendations on ways to decrease the number of individuals who
 607 have a behavioral health issue and are homeless.

608 (c) The task force shall complete such duties and submit its findings and recommendations
 609 to the commission, the Governor, the General Assembly, and the Office of Health Strategy
 610 and Coordination no later than December 1, 2023."

611 **SECTION 7.**

612 Said title is further amended in Code Section 37-1-122, relating to funding opportunity
 613 announcement, requirements, assistance, and announcement of awards with respect to
 614 assisted outpatient treatment, by revising subsection (c) as follows:

615 "(c) The funding opportunity announcement shall require each application to include, in
 616 addition to any other information the department may choose to require:

617 (1) A detailed three-year program budget, including identification of the source or
 618 sources of the applicant's independent budget contribution;

- 619 (2) A plan to identify and serve a population composed of persons meeting the following
620 criteria, including the number of patients anticipated to participate in the program over
621 the course of each year of grant support:
- 622 (A) ~~The person is 18 years of age or older;~~
 - 623 (B) ~~The person is suffering from a mental health or substance use disorder which has~~
624 ~~been clinically documented by a health care provider licensed to practice in Georgia;~~
 - 625 (C) ~~There has been a clinical determination by a physician or psychologist that the~~
626 ~~person is unlikely to survive safely in the community without supervision;~~
 - 627 (D) ~~The person has a history of lack of compliance with treatment for his or her mental~~
628 ~~health or substance use disorder, in that at least one of the following is true:~~
 - 629 (i) ~~The person's mental health or substance use disorder has, at least twice within the~~
630 ~~previous 36 months, been a substantial factor in necessitating hospitalization or the~~
631 ~~receipt of services in a forensic or other mental health unit of a correctional facility,~~
632 ~~not including any period during which such person was hospitalized or incarcerated~~
633 ~~immediately preceding the filing of the petition; or~~
 - 634 (ii) ~~The person's mental health or substance use disorder has resulted in one or more~~
635 ~~acts of serious and violent behavior toward himself or herself or others or threatens~~
636 ~~or attempts to cause serious physical injury to himself or herself or others within the~~
637 ~~preceding 48 months, not including any period in which such person was hospitalized~~
638 ~~or incarcerated immediately preceding the filing of the petition;~~
 - 639 (E) ~~The person has been offered an opportunity to participate in a treatment plan by the~~
640 ~~department, a state mental health facility, a community service board, or a private~~
641 ~~provider under contract with the department and such person continues to fail to engage~~
642 ~~in treatment;~~
 - 643 (F) ~~The person's condition is substantially deteriorating;~~
 - 644 (G) ~~Participation in the assisted outpatient treatment program would be the least~~
645 ~~restrictive placement necessary to ensure such person's recovery and stability;~~

646 ~~(H) In view of the person's treatment history and current behavior, such person is in~~
 647 ~~need of assisted outpatient treatment in order to prevent a relapse or deterioration that~~
 648 ~~would likely result in grave disability or serious harm to himself or herself or others;~~
 649 ~~and~~

650 ~~(I) It is likely that the person may benefit from assisted outpatient treatment.~~

651 ~~(3)~~(2) For each element of assisted outpatient treatment, a statement of how the applicant
 652 proposes to incorporate such element into its own practice of assisted outpatient
 653 treatment;

654 ~~(4)~~(3) A commitment by the applicant that it shall honor the provisions of any legally
 655 enforceable psychiatric advance directive of any person receiving involuntary outpatient
 656 treatment;

657 ~~(5)~~(4) A description of the evidence based treatment services and case management
 658 model or models that the applicant proposes to utilize;

659 ~~(6)~~(5) A description of any dedicated staff positions the applicant proposes to establish;

660 ~~(7)~~(6) A letter of support from the sheriff of any county where the applicant proposes to
 661 provide assisted outpatient treatment;

662 ~~(8)~~(7) A flowchart representing the proposed assisted outpatient treatment process, from
 663 initial case referral to transition to voluntary care; and

664 ~~(9)~~(8) A description of the applicant's plans to establish a stakeholder workgroup,
 665 consisting of representatives of each of the agencies, entities, and communities deemed
 666 essential to the functioning of the assisted outpatient treatment program, for purposes of
 667 internal oversight and program improvement."

668 **SECTION 8.**

669 Said title is further amended in Code Section 37-2-4, relating to the Behavioral Health
 670 Coordinating Council, membership, meetings, and obligations, by revising subsection (c) and
 671 adding a new subsection as follows:

672 "(c) Meetings of the council shall be held quarterly, or more frequently, on the call of the
673 chairperson. Meetings of the council shall be held with no less than five days' public notice
674 for regular meetings and with such notice as the bylaws may prescribe for special meetings.
675 Each member shall be given written or electronic notice of all meetings. All meetings of
676 the council shall be subject to the provisions of Chapter 14 of Title 50. Minutes or
677 transcripts shall be kept of all meetings of the council and shall include a record of the
678 votes of each member, specifying the yea or nay vote or absence of each member, on all
679 questions and matters coming before the council, and minutes or transcripts of each
680 meeting shall be posted on the state agency website of each council member designee. No
681 member may abstain from a vote other than for reasons constituting disqualification to the
682 satisfaction of a majority of a quorum of the council on a recorded vote. Except as
683 provided in subsection (c.1) of this Code section, no ~~No~~ member of the council shall be
684 represented by a delegate or agent. Any member who misses three duly posted meetings
685 of the council over the course of a calendar year shall be replaced by an appointee of the
686 Governor unless the council chairperson officially excuses each such absence.

687 (c.1) The commissioner of behavioral health and developmental disabilities, the
688 commissioner of early care and learning, the commissioner of community health, the
689 commissioner of public health, the commissioner of human services, the commissioner of
690 juvenile justice, the commissioner of corrections, the commissioner of community
691 supervision, the commissioner of community affairs, the commissioner of the Technical
692 College System of Georgia, the Commissioner of Labor, and the State School
693 Superintendent shall each be authorized to be represented by a delegate or agent at any
694 meeting of the council or subcommittee meeting. Any such delegate or agent shall be
695 counted toward a quorum, shall have all voting privileges as the member's delegate or
696 agent, and shall not be considered an absence of the member."

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SECTION 9.

Said title is further amended by repealing and reserving Code Section 37-2-7, relating to formulation and publication of state plan for disability services.

SECTION 10.

Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses, is amended by adding a new Code section to read as follows:

"43-1-2.1.

(a) The Georgia Data Analytic Center established pursuant to Part 3 of Article 4 of Chapter 12 of Title 45 shall conduct a study of licensing requirements of professional licensing boards that license behavioral health care professionals in this state to identify any barriers to entry or licensure to ensure the state has sufficient workforce to address the needs of the state. The study shall include the following designated professional licensing boards under the purview of the professional licensing division, with respect to the health care providers who primarily provide treatment or diagnosis of mental health or substance use disorders that each board regulates:

(1) Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists;

(2) State Board of Examiners of Psychologists; and

(3) Georgia Board of Nursing.

(b) The study shall identify ways to modernize licensing practices by: (1) reviewing and updating its systems and processes used by designated professional licensing boards to receive and review license applications and renewals; (2) creating a pathway for foreign-trained practitioners to gain licensure in Georgia, including licensure by endorsement or temporary licensure under supervision pending final licensure; and (3) reviewing and updating practicum and supervision requirements for licensure to more closely align with requirements in surrounding states. Such study shall include the review

723 of licensure laws, regulations, and policies in this state to identify any barriers or
724 impediments to licensure.

725 (c) The office of the Secretary of State and its professional licensing division shall provide
726 full cooperation with the Georgia Data Analytic Center in conducting its study, including
727 providing all data and information relevant to the study as requested by the center.

728 (d) The Georgia Data Analytic Center shall complete such study and submit its findings
729 and recommendations to the Governor, the General Assembly, the Secretary of State, and
730 the Behavioral Health Reform and Innovation Commission no later than December 1,
731 2023.

732 (e) This Code section shall stand repealed in its entirety by operation of law on
733 December 1, 2023."

734 **SECTION 11.**

735 Said title is further amended in Chapter 10A, relating to professional counselors, social
736 workers, and marriage and family therapists, by revising Code Section 43-10A-10, relating
737 to licensure without examination, as follows:

738 "43-10A-10.

739 (a) The board may issue a license without examination to any applicant licensed in a
740 specialty under the laws of another jurisdiction having requirements for licensure in that
741 specialty which are substantially equal to the licensure requirements for that specialty in
742 this state.

743 (b) The board shall be authorized to waive all or a portion of the experience requirements
744 for any applicant licensed under the laws of another jurisdiction who has maintained full
745 licensure in good standing in such jurisdiction for a minimum of two years."

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SECTION 12.

Said title is further amended in Chapter 10A, relating to professional counselors, social workers, and marriage and family therapists, by adding a new Code section to read as follows:

"43-10A-24.

(a) As used in this Code section, the term:

(1) 'Entity' means an organization or medical professional association which conducts professional health programs.

(2) 'Health care professional' means any individual licensed, certified, or permitted by the board under this chapter.

(3) 'Impaired' means the inability of a health care professional to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.

(4) 'Professional health program' means a program established for the purposes of monitoring and rehabilitation of impaired health care professionals.

(b) The board shall be authorized to conduct a professional health program to provide monitoring and rehabilitation of impaired health care professionals in this state. To this end, the board shall be authorized to enter into a contract with an entity for the purpose of establishing and conducting such professional health program, including, but not limited to:

(1) Monitoring and rehabilitation of impaired health care professionals;

(2) Performing duties related to paragraph (10) of subsection (a) of Code Section 43-10A-17; and

(3) Performing such other related activities as determined by the board.

(c) Notwithstanding the provisions of subsection (k) of Code Section 43-1-2 and Code Section 43-10A-17, the board shall be authorized to provide pertinent information

773 regarding health care professionals, as determined by the board and in its sole discretion,
774 to the entity for its purposes in conducting a professional health program pursuant to this
775 Code section.

776 (d) All information, interviews, reports, statements, memoranda, or other documents
777 furnished to the entity by the board or other source or produced by the entity and any
778 findings, conclusions, recommendations, or reports resulting from the monitoring or
779 rehabilitation of health care professionals pursuant to this Code section are declared to be
780 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,
781 relating to open records. All such records of the entity shall be confidential and shall be
782 used by such entity and its employees and agents only in the exercise of the proper function
783 of the entity pursuant to its contract with the board. Such information, interviews, reports,
784 statements, memoranda, or other documents furnished to or produced by the entity and any
785 findings, conclusions, recommendations, or reports resulting from the monitoring or
786 rehabilitation of health care professionals shall not be available for court subpoenas or for
787 discovery proceedings.

788 (e) An impaired health care professional who participates in a professional health program
789 conducted pursuant to this Code section shall bear all costs associated with such
790 participation.

791 (f) Any entity that contracts with the board pursuant to this Code section shall be immune
792 from any liability, civil or criminal, that might otherwise be incurred or imposed, for the
793 performance of any functions or duties under the contract if performed in accordance with
794 the terms of such contract and the provisions of this Code section."

795 **SECTION 13.**

796 Said title is further amended in Chapter 26, relating to nurses, by adding a new article to read
797 as follows:

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"ARTICLE 5

799

43-26-70.

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(a) As used in this Code section, the term:

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(1) 'Board' means the Georgia Board of Nursing.

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(2) 'Entity' means an organization or medical professional association which conducts professional health programs.

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(3) 'Health care professional' means any individual licensed, certified, or permitted by the board under this chapter.

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(4) 'Impaired' means the inability of a health care professional to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.

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(5) 'Professional health program' means a program established for the purposes of monitoring and rehabilitation of impaired health care professionals.

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(b) The board shall be authorized to conduct a professional health program to provide monitoring and rehabilitation of impaired health care professionals in this state. To this end, the board shall be authorized to enter into a contract with an entity for the purpose of establishing and conducting such professional health program, including, but not limited to:

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(1) Monitoring and rehabilitation of impaired health care professionals;

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(2) Performing duties related to paragraph (2) of Code Section 43-26-11; and

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(3) Performing such other related activities as determined by the board.

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(c) Notwithstanding the provisions of subsection (k) of Code Section 43-1-2 and Code Section 43-26-11, the board shall be authorized to provide pertinent information regarding health care professionals, as determined by the board and in its sole discretion, to the entity for its purposes in conducting a professional health program pursuant to this Code section.

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824 (d) All information, interviews, reports, statements, memoranda, or other documents
825 furnished to the entity by the board or other source or produced by the entity and any
826 findings, conclusions, recommendations, or reports resulting from the monitoring or
827 rehabilitation of health care professionals pursuant to this Code section are declared to be
828 privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50,
829 relating to open records. All such records of the entity shall be confidential and shall be
830 used by such entity and its employees and agents only in the exercise of the proper function
831 of the entity pursuant to its contract with the board. Such information, interviews, reports,
832 statements, memoranda, or other documents furnished to or produced by the entity and any
833 findings, conclusions, recommendations, or reports resulting from the monitoring or
834 rehabilitation of health care professionals shall not be available for court subpoenas or for
835 discovery proceedings.

836 (e) An impaired health care professional who participates in a professional health program
837 conducted pursuant to this Code section shall bear all costs associated with such
838 participation.

839 (f) Any entity that contracts with the board pursuant to this Code section shall be immune
840 from any liability, civil or criminal, that might otherwise be incurred or imposed, for the
841 performance of any functions or duties under the contract if performed in accordance with
842 the terms of such contract and the provisions of this Code section."

843

SECTION 14.

844

Article 4 of Chapter 12 of Title 45 of the Official Code of Georgia Annotated, relating to the
845 Office of Planning and Budget, is amended by revising Part 3, relating to the Georgia Data
846 Analytic Center, as follows:

847

"Part 3

848

45-12-150.

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As used in this part, the term:

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(1) 'Aggregated data' means information that has been combined into groups showing averages or other summary statistics and that is not individually identifiable information.

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(2) 'De-identified data' means information that does not identify an individual, for which there is no reasonable basis to believe that the information can be used to identify an individual, and that meets the requirements for de-identification of protected health information as defined under HIPAA.

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(2.1)(A) 'Executive state agency' means any agency, authority, board, bureau, commission, department, division, office, or other unit of the executive branch of state government whether established by or pursuant to the Constitution of the State of Georgia, the Official Code of Georgia Annotated, any administrative rule or regulation, or any executive order.

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(B) Such term shall not include:

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(i) The legislative or judicial branches of state government;

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(ii) Any political subdivision;

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(iii) The Georgia State Financing and Investment Commission; or

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(iv) The Board of Regents of the University System of Georgia.

866

(3) 'GDAC Project' means the Georgia Data Analytic Center established pursuant to this part.

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(3.1)(A) 'Government information' means any information created, received, maintained, or stored by, or otherwise in the control of, an executive state agency, regardless of the form or the media on which the information is recorded.

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(B) Such term shall not include:

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(i) Investigative records of law enforcement agencies;

873 (ii) Confidential investigative records related to an ongoing investigation and any
874 related information classified as confidential; or

875 (iii) Confidential advisory opinions requested or given by the office of the inspector
876 general.

877 (4) 'Health data' means information that is created or received by ~~a state agency or~~
878 ~~department~~ an executive state agency that relates to the past, present, or future physical
879 or mental health or condition of an individual or the past, present, or future payment for
880 the provision of health care services to an individual.

881 (5) 'HIPAA' means the federal Health Insurance Portability and Accountability Act of
882 1996, P.L. 104-191, and any regulations promulgated thereunder by the United States
883 secretary of health and human services.

884 (6) 'Individually identifiable information' means information that identifies an individual
885 or for which there is a reasonable basis to believe that the information can be used to
886 identify an individual.

887 (7) 'IRB' means an institutional review board designated by the office and established
888 pursuant to federal regulations (45 C.F.R. Section 46) with a nation-wide assurance for
889 the protection of human subjects approved by the United States Department of Health and
890 Human Services, Office for Human Research Protections, to review and monitor research
891 involving human subjects to ensure that such subjects are protected from harm and that
892 the rights of such subjects are adequately protected.

893 (8) 'Office' means the Office of Planning and Budget.

894 (9) 'Protected health information' has the same meaning as provided for under HIPAA
895 in effect as of July 1, 2019.

896 (10) 'Research' means a systematic investigation, including research development,
897 testing, and evaluation, which is designed to develop or contribute to generalizable
898 knowledge as defined pursuant to 45 C.F.R. Section 46.102(d).

899 (11) 'Researcher' means a public or private entity that conducts research under the review
900 and monitoring of an IRB and has received approval from the data steward for the
901 purpose of requested data elements.

902 45-12-150.1.

903 (a) The office shall hire a GDAC director to serve as the executive head of the GDAC.

904 (b) The GDAC director shall have the authority to review data sharing disputes between
905 executive state agencies where a data request made by one agency to another is denied
906 following a department or agency's finding that transmission or access would violate state
907 or federal law. At the request of an agency, the GDAC director shall perform a review of
908 a data request and issue a final determination as to whether such transmission or access to
909 data from one agency to another would violate state or federal law. In the event that the
910 GDAC director's final determination concludes that such transmission or access to data
911 does not violate state or federal law, the final determination shall have the effect of
912 overturning the agency's finding and compelling it to cooperate with the data transfer as
913 requested by the requesting agency. The GDAC director's review shall include
914 consideration of an analysis from the state agency or department whose data are being
915 requested. If a state agency is aggrieved by a final determination by the GDAC director
916 pursuant to this subsection, such agency shall be authorized to appeal such determination
917 to the Governor's Executive Counsel for resolution. The GDAC director and the
918 Governor's Executive Counsel, at their sole discretion, shall each be authorized to consult
919 with the Attorney General on any disputes between executive state agencies.

920 (c) The GDAC director shall form a data advisory group to assist in carrying out its
921 responsibilities under this Code section. The data advisory group shall be composed of the
922 following individuals:

923 (1) The GDAC director;

924 (2) The executive director of the Georgia Technology Authority; and

925 (3) At least two representatives of entities that, in their regular course of business, use
926 the type of data that will be made available by the GDAC for public consumption.

927 45-12-151.

928 (a) No later than September 1, 2019, the office shall establish an operational Georgia Data
929 Analytic Center capable of securely receiving, maintaining, and transmitting data in
930 accordance with this part and with the HIPAA privacy and security standards applicable
931 to this part. The office may employ staff to assist with carrying out the functions
932 associated with the establishment and maintenance of the GDAC Project.

933 (b) The office shall ensure the procurement of hardware, software, and a data base system
934 capable of performing analytics at scale and capable of evaluating all data to the extent
935 required to carry out the purposes of the GDAC Project pursuant to this part. Further, the
936 office shall procure sufficient management services to develop and maintain the system.

937 (c) Notwithstanding any provision of this part to the contrary, the GDAC Project shall
938 serve as the designated central data repository for the state from which data can be released
939 to requesting agencies. The GDAC shall seek to receive and maintain individually
940 identifiable data but transmit de-identified data wherever possible and shall only receive,
941 maintain, and transmit individually identifiable information if permitted by this Code
942 section and other applicable law and if the information is in a form and format that are
943 secured to prevent disclosure of individually identifiable information. If the GDAC is
944 facilitating with the transfer of data from one state agency to another through its central
945 data repository or other method, the GDAC may receive, maintain, and transmit
946 individually identifiable information as permitted by this Code section and other applicable
947 law if the information is in a form and format that are secured to prevent disclosure of
948 individually identifiable information agreed to by the releasing and requesting agencies.
949 (d) Through the office, the GDAC is vested with the authority to carry out the following
950 responsibilities:

- 951 (1) Advise executive state agencies regarding state best practices concerning the creation
952 and maintenance of data;
- 953 (2) Coordinate data analytics and transparency master planning for executive state
954 agencies and provide leadership regarding state data analytics and transparency;
- 955 (3) Facilitate the sharing and use of executive state agency data between executive state
956 agencies, and with the public;
- 957 (4) Establish policies and mechanisms that remove legal or technical reasons to decline
958 data sharing requests;
- 959 (5) Establish required timetables for the exchange of data between and among state
960 agencies and departments;
- 961 (6) Establish an enterprise data and information strategy, including development of a
962 state-wide enterprise memorandum of understanding and data sharing agreement template
963 or templates for use by executive state agencies;
- 964 (7) Create and maintain a state data plan to enhance standardization and integration of
965 data systems and data management practices across all executive state agencies;
- 966 (8) Create an enterprise data inventory that accounts for all datasets used within agency
967 information systems and that indicates whether each data set may be made publicly
968 available and if the data set is currently available to the public;
- 969 (9) Identify ways to use and share existing data for business intelligence and predictive
970 analytic opportunities; and
- 971 (10) Identify strategies to combine internal and external data sources.

972 45-12-152.

973 Oversight of the operation of the GDAC ~~Project~~ established pursuant to this part shall be
974 vested in the office. The GDAC ~~Project~~ shall receive, maintain, and transmit data only as
975 permitted by this part and as approved by the office and the executive state agency ~~or~~

976 ~~department~~ whose data are requested. The office's responsibilities with respect to this part
977 shall include:

978 (1) Identification of data that have been created, received, or maintained by executive
979 state agencies ~~or departments~~ that may be appropriate for receipt, maintenance, and
980 transmission by the GDAC ~~Project~~ in furtherance of the purposes of this part;

981 (2) Prior to the receipt of data by the GDAC ~~Project~~, review and approval of the
982 appropriateness of such receipt, including consideration of the following factors:

983 (A) Whether the transmitting agency or department has authority to collect the data
984 proposed to be received by the GDAC ~~Project~~, particularly if the data include
985 individually identifiable information;

986 (B) Whether collection of the data proposed to be received by the GDAC ~~Project~~ is
987 expected to further the purposes of this part, namely, the improvement of public health
988 and the safety, security, and well-being of Georgia residents; and

989 (C) Whether reasonable efforts have been made to ensure that the GDAC ~~Project~~ will
990 receive only the appropriate data needed to accomplish the purposes of this part;

991 (3) Prior to the receipt or transmission of data by the GDAC ~~Project~~, review and
992 approval of any necessary data use agreements or business associate agreements with any
993 person or entity from which or to which information is received or transmitted in
994 compliance with all applicable privacy and security standards, including, but not limited
995 to, HIPAA, when such data include individually identifiable information that is protected
996 health information;

997 (4) Adopting and publishing policies and procedures for the efficient and transparent
998 operation of the GDAC ~~Project~~, including, but not limited to, the following:

999 (A) Privacy and data security policies and procedures that comply with the applicable
1000 federal and state privacy and security statutes and regulations, including HIPAA;

1001 (B) Data access policies and procedures that allow access by a public or private entity,
1002 including a researcher, only when such access request meets the standards set forth in

1003 the data access policies and procedures and has been approved by the office and the
1004 appropriate executive state agency ~~or department~~. When data access is requested by
1005 any public or private entity, including a researcher, for the purpose of conducting
1006 research, the office shall only approve access to data after review and approval by an
1007 IRB, and such access shall be limited to data identified in approved IRB research
1008 protocols and only for the period of the approval. In no event shall the office approve
1009 access to health data that identifies, or that may be used to identify, rates of payment
1010 by a private entity for the provision of health care services to an individual unless the
1011 entity seeking access agrees to keep such information confidential and to prevent public
1012 disclosure of such data or the rates of payment derived from such data;

1013 (C) Data retention policies requiring that data be returned to transmitting executive
1014 state agencies ~~or departments~~ or destroyed when it is no longer in the state's interest to
1015 promote analysis of such data and in accordance with applicable HIPAA regulations,
1016 data use agreements, and provisions of IRB approvals;

1017 (D) Policies to require researchers to consult with subject matter experts in the data sets
1018 being linked on a specific project. The purpose of such consultation shall be to help
1019 researchers understand and interpret the data being linked to a specific project; and

1020 (E) Policies that establish processes to engage researchers and academic institutions
1021 across Georgia to help set research priorities and promote the use of the GDAC ~~Project~~
1022 to accelerate population health research in this state;

1023 (5) Communicating to all executive state agencies ~~and departments~~ that each executive
1024 state agency ~~or department~~ shall, upon request of the office, make available to the office
1025 through the GDAC ~~Project~~ all data housed within its respective office pursuant to policies
1026 established pursuant to this Code section;

1027 (6)(A) Establishing the process by which each executive state agency ~~or department~~
1028 is required, in consultation with the office, to identify and submit to the office a
1029 minimum of two distinct policy concerns that may be studied in an integrated

1030 information environment in order to identify evidence based solutions to such policy
1031 concerns; and

1032 (B) Establishing procedures for ranking the submission and selection of such policy
1033 concerns considered by the office to be of greatest concern to the health, safety,
1034 security, and well-being of Georgia's citizens; and

1035 (7) Establishing a process to set research priorities that utilize the GDAC ~~Project~~ to
1036 provide effective and efficient policy management for the state.

1037 45-12-153.

1038 (a) Any executive state agency ~~or department~~ that creates, receives, or maintains publicly
1039 supported program, fiscal, or health data shall, only after execution of an enforceable data
1040 use, data sharing, or other similar agreement that is acceptable to the executive state agency
1041 ~~or department~~, transmit or allow access to such data as is necessary and appropriate to
1042 further the purposes of this part and shall cooperate with GDAC ~~Project~~ requests for receipt
1043 of or access to such data. Notwithstanding the foregoing, any executive state agency ~~or~~
1044 ~~department~~ shall not be required to transmit data which it creates, receives, or maintains
1045 to the GDAC ~~Project~~ or to allow access to such data if the Attorney General's review or the
1046 applicable executive state agency's ~~or department's~~ review determines that such
1047 transmission or access would violate state or federal law. The Attorney General's review
1048 shall include consideration of an analysis from the executive state agency ~~or department~~
1049 whose data are being requested and shall include the reason, if any, that the requested data
1050 cannot be transmitted or allowed for access to the GDAC as an agent of the state agency
1051 or department as provided in subsection (c) of this Code section. In the event that the
1052 provisions of this part with respect to interagency data sharing conflict with any other
1053 provisions of the Code, this part shall take precedence.

1054 (b) This Code section shall not prohibit the office or any agency or department from
1055 creating, receiving, maintaining, or transmitting data in data systems that are separate and
1056 distinct from the GDAC Project.

1057 (c) The GDAC is considered to be an agent of all executive state agencies sharing
1058 government information and is an authorized receiver of government information under the
1059 statutory or administrative law that governs such government information.

1060 (d) Interagency and intra-agency data sharing under this part shall not constitute a
1061 disclosure or release under any statutory or administrative law that governs the government
1062 information. In no event shall government information accessed, received, or obtained by
1063 the GDAC, which is protected by any form of confidentiality or privilege, cause such
1064 information to be subject to disclosure, including, but not limited to, disclosure pursuant
1065 to Code Sections 50-18-70 and 50-18-72.

1066 45-12-154.

1067 (a) No later than July 1, 2020, upon the receipt of data by the GDAC Project pursuant to
1068 this part, and on an annual basis thereafter, the office shall publish a report that is made
1069 available and accessible to the General Assembly consisting of:

1070 (1) A description of the implementation of the GDAC Project, including identification
1071 of the sources and types of data received and maintained by the GDAC Project over the
1072 prior 12 months;

1073 (2) A list of all aggregated data maintained by the GDAC Project;

1074 (3) A description of each IRB approved disclosure of data or data sets by the GDAC
1075 Project;

1076 (4) A list of publications and other reports based on GDAC Project data;

1077 (5) A strategic plan for achieving the purposes of this part during the successive 12
1078 month period; and

1079 (6) Any other information deemed appropriate by the office.

1080 (b) To further the objectives of the General Assembly and the GDAC's reporting to the
1081 General Assembly, a presumption of data sharing between the executive state agencies is
1082 hereby established. Such presumption of data sharing shall override all state laws to the
1083 contrary but shall not interfere with any agency's ability to require data sharing agreements
1084 to ensure data protection and security and compliance with federal law and regulations.

1085 45-12-154.1.

1086 The administrator of the GDAC **Project** shall prepare an annual unified report regarding
1087 complaints filed for suspected violations of mental health parity laws. Such annual unified
1088 report shall comprise data received from the Department of Insurance pursuant to
1089 subsection (g) of Code Section 33-1-27 and data received from the Department of
1090 Community Health pursuant to subsection (g) of Code Section 33-21A-13. Such annual
1091 unified report shall be completed and made publicly available beginning April 1, 2024, and
1092 annually thereafter.

1093 45-12-155.

1094 The office may apply for and receive funding in relation to the GDAC **Project** from the
1095 following sources:

- 1096 (1) Grants from research or other private entities;
- 1097 (2) Fees paid by persons or entities requesting access to GDAC **Project** data or the
1098 performance of analyses by the GDAC **Project**, which fees have been approved by the
1099 office to support the cost of preparing data for access or performing analyses;
- 1100 (3) Federal grants;
- 1101 (4) Grants or other financial assistance from state or local departments, agencies,
1102 authorities, and organizations at the discretion of such entities, for specific projects of
1103 interest to such entities; and

1104 (5) Appropriations made to the GDAC ~~Project~~ pursuant to the General Appropriations
 1105 Act or a supplementary appropriations Act."

1106 **SECTION 15.**

1107 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
 1108 in Article 7 of Chapter 4, relating to medical assistance generally, by adding a new Code
 1109 section to read as follows:

1110 "49-4-152.7.

1111 (a)(1) On and after January 1, 2024, the department shall ensure that the Medicaid
 1112 program includes:

1113 (A) Reimbursement for psychological diagnostic assessments under Current Procedural
 1114 Terminology (CPT) Code 90791 of the American Medical Association, as adopted by
 1115 the federal Health Care Financing Administration;

1116 (B) Reimbursement for services provided by licensed professional counselors in
 1117 federally qualified health centers, as defined in 42 U.S.C. Section 1905(l)(2)(B);

1118 (C) Psychiatric hospitals as an eligible facility type for providing inpatient psychiatric
 1119 facility services for persons under the age of 21 years enrolled in the fee-for-service
 1120 delivery system of Medicaid;

1121 (D) Reevaluation of Medicaid reimbursement rates for autism spectrum disorder
 1122 diagnosis and removal of unnecessary restrictions on who is qualified to make a
 1123 diagnosis, in accordance with recommendations of the American Academy of
 1124 Pediatrics;

1125 (E) Reimbursement for eligible justice involved youth ages 18 to 21 years; and

1126 (F) The provision of specialized therapeutic foster services for persons under the age
 1127 of 21 years to enable a recipient to manage and work toward resolution of emotional,
 1128 behavioral, or psychiatric problems in a highly supportive, individualized, and flexible
 1129 home setting.

1130 (2) No later than December 1, 2023, the department shall submit any necessary Medicaid
 1131 state plan amendment or waiver request to the United States Department of Health and
 1132 Human Services to implement the provisions of this Code section.

1133 (b) No later than December 1, 2023, the department shall submit a waiver request to the
 1134 United States Department of Health and Human Services pursuant to Section 1115 or
 1135 Section 1915(b)(3) of the federal Social Security Act. Such waiver request shall be
 1136 prepared jointly by the department and the Department of Behavioral Health and
 1137 Developmental Disabilities seeking approval to use no more than 2 percent of total
 1138 Medicaid funds received by the state to provide housing supports; employment supports;
 1139 nutrition supports; and case management, outreach, and education services to recipients."

1140 **SECTION 16.**

1141 Said title is further amended by repealing and reserving Code Section 49-5-224, relating to
 1142 submission of an annual report by the commissioner of behavioral health and developmental
 1143 disabilities and contents of the report.

1144 **SECTION 17.**

1145 Said title is further amended by adding new Code sections to Chapter 10, relating to the
 1146 Georgia Board of Health Care Workforce, to read as follows:

1147 "49-10-6.

1148 (a) As used in this Code section, the term:

1149 (1) 'Licensed health care professional' means the following health care professionals
 1150 licensed or certified by a state licensing board:

1151 (A) Physicians, acupuncturists, physician assistants, respiratory care professionals,
 1152 clinical perfusionists, orthotists, prosthetists, cosmetic laser practitioners, and genetic
 1153 counselors;

1154 (B) Pharmacists and pharmacy technicians;

- 1155 (C) Dentists and dental hygienists;
1156 (D) Chiropractors;
1157 (E) Optometrists;
1158 (F) Occupational therapists and occupational therapy assistants;
1159 (G) Physical therapists and physical therapist assistants;
1160 (H) Audiologists and speech-language pathologists;
1161 (I) Psychologists;
1162 (J) Licensed practical nurses, registered professional nurses, and advanced practice
1163 registered nurses, including certified nurse midwives, nurse practitioners, certified
1164 registered nurse anesthetists, and clinical nurse specialists in psychiatric/mental health;
1165 (K) Emergency medical technicians, paramedics, and cardiac technicians;
1166 (L) Podiatrists;
1167 (M) Dietitians; and
1168 (N) Professional counselors, social workers, and marriage and family therapists.
- 1169 (2) 'State licensing board' means:
- 1170 (A) Georgia Composite Medical Board;
1171 (B) State Board of Pharmacy;
1172 (C) Georgia Board of Dentistry;
1173 (D) Georgia Board of Chiropractic Examiners;
1174 (E) State Board of Optometry;
1175 (F) State Board of Occupational Therapy;
1176 (G) State Board of Physical Therapy;
1177 (H) State Board of Examiners for Speech-Language Pathology and Audiology;
1178 (I) State Board of Examiners of Psychologists;
1179 (J) Georgia Board of Nursing;
1180 (K) Department of Public Health;
1181 (L) State Board of Podiatry Examiners;

1182 (M) Georgia Board of Examiners of Licensed Dietitians; and

1183 (N) Georgia Composite Board of Professional Counselors, Social Workers, and
1184 Marriage and Family Therapists.

1185 (b) In collaboration with state licensing boards, the board shall create and maintain the
1186 Georgia Health Care Professionals Data System for the purposes of collecting and
1187 disseminating nonidentifying descriptive data on licensed health care professionals in this
1188 state. The board shall compile existing information on licensed health care professionals
1189 into a single repository of information easily accessible to the public from the board's
1190 website. The data system shall provide information to the public regarding the
1191 demographics and geographical distribution of licensed health care professionals in this
1192 state. The data system shall contain no individually identifying information regarding any
1193 licensed health care professional.

1194 (c) State licensing boards shall provide the data contained in subsection (d) of this Code
1195 section upon request by the board or up to two times annually as required by the board.
1196 The board shall work with state licensing boards regarding the manner, form, and content
1197 for the reporting of such data. The board shall be authorized to enter into memoranda of
1198 agreement with individual state licensing boards for purposes of data transmission criteria
1199 pursuant to this Code section.

1200 (d) State licensing boards shall provide the following data to the board for its licensed
1201 health care professionals who are in active practice:

1202 (1) Age;

1203 (2) Race;

1204 (3) Gender;

1205 (4) Ethnicity;

1206 (5) Location of practice; and

1207 (6) License type.

1208 (e) The board shall be authorized to seek federal or other sources of funding necessary to
 1209 support the creation and maintenance of the Georgia Health Care Professionals Data
 1210 System.

1211 49-10-7.

1212 (a) As used in this Code section, the term:

1213 (1) 'Eligible applicant' means a person who:

1214 (A) Is a legal resident of the State of Georgia as established by rules and regulations
 1215 of the board;

1216 (B) Is a mental health or substance use professional licensed in this state; and

1217 (C)(i) Provides services to underserved youth in this state; or

1218 (ii) Practices in unserved geographic areas or communities in this state that are
 1219 disproportionately impacted by social determinants of health, as determined by the
 1220 board.

1221 (2) 'Mental health or substance use professional' means a psychiatrist, psychologist,
 1222 professional counselor, social worker, marriage and family therapist, clinical nurse
 1223 specialist in psychiatric/mental health, or other licensed mental or behavioral health
 1224 clinician or specialist.

1225 (3) 'Recipient' means an eligible applicant who applied for and was approved by the
 1226 board for student loan repayment under this Code section.

1227 (4) 'Student loan' means debt incurred by an eligible applicant that is:

1228 (A) Evidenced by a promissory note which required the funds received to be used to
 1229 pay for the cost of attendance for the undergraduate, graduate, or professional education
 1230 of the eligible applicant;

1231 (B) Not in default at the time of application for repayment under this Code section; and

1232 (C) Not subject to an existing service obligation or to repayment through another
 1233 student loan repayment or loan forgiveness program or as a condition of employment.

1234 (b) The board shall have the authority to approve the applications of eligible applicants
1235 submitted in accordance with rules and regulations established by the board governing the
1236 student loan repayment application process.

1237 (c) The board is authorized to provide for the repayment of student loans held by recipients
1238 in consideration of the recipient performing services as a mental health or substance use
1239 professional in accordance with subparagraph (a)(1)(C) of this Code section.

1240 (d)(1) Each recipient before being granted any student loan repayment shall enter into
1241 a student loan repayment agreement with the board agreeing to the terms and conditions
1242 upon which the student loan repayment is granted, including such terms and conditions
1243 set forth in this Code section.

1244 (2) The board shall have the power to terminate a student loan repayment agreement at
1245 any time for any cause deemed sufficient by the board, provided that such power shall not
1246 be arbitrarily or unreasonably exercised.

1247 (e) Each student loan repayment agreement entered into under the authority granted in this
1248 Code section shall:

1249 (1) Provide for repayment of the recipient's student loans in a total amount to be
1250 determined by the board, but not exceeding the total student loan debt of the recipient,
1251 to be paid out in installments made each 12 months over a term of not more than five
1252 years. A student loan repayment made pursuant to this Code section shall be paid in such
1253 manner as the board shall establish by rules and regulations;

1254 (2) Provide that any payment made by the board under a student loan repayment
1255 agreement shall be made in consideration of services rendered by the recipient
1256 performing services as a mental health or substance use professional in accordance with
1257 subparagraph (a)(1)(C) of this Code section;

1258 (3) Provide that the board shall make a payment toward the recipient's student loans, in
1259 an amount set forth in the agreement, for each 12 months the recipient performs services

1260 as a mental health or substance use professional in accordance with subparagraph
 1261 (a)(1)(C) of this Code section; and
 1262 (4) Require that the recipient shall remain a legal resident of the state as established by
 1263 rules and regulations of the board; maintain licensure in this state as a mental health or
 1264 substance use professional; and perform services as a mental health or substance use
 1265 professional in accordance with subparagraph (a)(1)(C) of this Code section at all times
 1266 during the term of the agreement.
 1267 (f) The board shall adopt such rules and regulations as are reasonable and necessary to
 1268 implement the provisions of this Code section.
 1269 (g) Student loan repayment for recipients having entered into a student loan repayment
 1270 agreement with the board pursuant to this Code section shall be contingent upon the
 1271 appropriation of funds by the General Assembly for the purposes of this Code section in
 1272 annual appropriations Acts of the General Assembly."

1273 **SECTION 18.**

1274 Article 1 of Chapter 8 of Title 50 of the Official Code of Georgia Annotated, relating to
 1275 general provisions relative to the Department of Community Affairs, is amended by adding
 1276 a new Code section to read as follows:

1277 "50-8-19.

1278 (a) The department shall undertake the following actions to address ways to increase
 1279 supportive housing development for the 'familiar faces' population:

1280 (1) No later than December 1, 2023, issue guidance on the establishment of tenant
 1281 selection plans that do not create criminal record related barriers to housing unrelated to
 1282 fitness as a tenant. The department shall seek to leverage United States Department of
 1283 Housing and Urban Development (HUD) guidance and their funding and administrative
 1284 authority, including a review of its own regulations and policies to identify and reduce
 1285 barriers, to limit use of criminal history information only to circumstances directly

1286 affecting suitability as a tenant, such as limiting 'look-back' periods for certain offenses
1287 or focusing on violent or property crimes only;

1288 (2) Assess feasibility of housing set-asides for the 'familiar faces' population and
1289 inventory current programs, such as the HOME American Rescue Plan Program
1290 (HOME-ARP), the Housing Choice Voucher program, and other key existing housing
1291 and voucher programs, to determine what level of these resources could be set aside for
1292 the 'familiar faces' population;

1293 (3) Increase supportive housing development for the 'familiar faces' population, by
1294 establishing incentives in the department's annual Qualified Allocation Plan (QAP) to
1295 allocate resources to increase supportive housing supply, such as Low Income Housing
1296 Tax Credits (LIHTC), to finance new housing supply for the 'familiar faces' population;
1297 and

1298 (4) Identify ways to seed a landlord incentive fund with federal funding to be matched
1299 with private funds and allocated regionally in order to incentivize more landlords to rent
1300 to the 'familiar faces' population, such as leasing incentive payments and risk mitigation
1301 funds.

1302 (b) The department shall submit an annual report to the Governor and the General
1303 Assembly regarding the status and progress of the initiatives contained in this Code section.

1304 (c) As used in this Code section, the term 'familiar faces' means individuals with serious
1305 mental illness who have frequent contact with criminal justice, homeless, and behavioral
1306 health systems."

1307 **SECTION 19.**

1308 All laws and parts of laws in conflict with this Act are repealed.