

2022

DAY AT THE CAPITOL GUIDE





Behavioral Health Services Coalition

LEAD ADVOCACY ORGANIZATIONS CONTACTS



Georgia Mental Health Consumer Network

www.gmhcn.org

Sherry Jenkins Tucker, Executive Director,
sltucker@gmhcn.org, 404-421-5683



Georgia Parent Support Network

www.gpsn.org

Sue Smith, Chief Executive Officer,
sue.smith@gpsn.org,
404-758-4500 x101



Mental Health America of Georgia

www.mhageorgia.org

Abdul Henderson, Executive Director,
abdul@mhageorgia.org
770-741-1481



NAMI Georgia

www.namgai.org

Kim Jones, Executive Director,
executive@namiga.org,
678-687-2948



Georgia Council
on Substance Abuse

Georgia Council on Substance Abuse

gasubstanceabuse.org

Neil Campbell, Executive Director
neil@gasubstanceabuse.org,
404-523-3440



The
CENTER for
VICTIMS of
TORTURE

The Center for Victims of Torture

www.cvt.org

Darlene Lynch, Head of External
Relations for CVT-Atlanta,
dlynch@CVT.ORG, 404-402-1764



GEORGIANS FOR A
HEALTHY FUTURE

Georgians for a Healthy Future

healthyfuturega.org

Laura Colbert, Executive Director
lcolbert@healthyfuturega.org,
404-890-5804



THE CARTER CENTER
MENTAL HEALTH PROGRAM

Waging Peace. Fighting Disease. Building Hope.

The Carter Center: Mental Health Program

www.cartercenter.org

Helen Robinson, Associate Director,
Public Policy, Mental Health Program
helen.robinson@cartercenter.org,
404-420-5166



American
Foundation
for Suicide
Prevention

Georgia

American Foundation for Suicide Prevention

www.afsp.org

Roland Behm, Board Member of Georgia Chapter,
roland.behm@gmail.com
Co-Chair, Georgia Mental Health
Policy Partnership

TABLE OF CONTENTS

- Tips for Meeting Legislators _____ 4
- Using Social Media _____ 5
- Follow Up for Impact _____ 6
- Policy Talking Points & Recommendations _____ 7-12
 - Funding _____ 7
 - Impact of COVID _____ 8
 - Parity and Workforce _____ 9
 - Early Intervention & Prevention, Decriminalization _____ 10
 - Broadband and Crisis Response _____ 11
 - Housing and Equity _____ 12

#WeAreMentalHealth

Make 2022 the Year for Mental Health

BEHAVIORAL HEALTH SERVICES COALITION (BHSC) MENTAL HEALTH DAY AT THE CAPITOL SCHEDULE-AT-A-GLANCE

WEDNESDAY, JANUARY 26, 2022

Zoom Link:

https://us02web.zoom.us/webinar/register/WN_SHL4MCb1SJaN4sqwNh3Muw

Passcode: BHSC

10 am	Welcome	11:00 am	R2ISE performance
10:15 am	Respect Institute	11:10 am	Kim Jones, NAMI GA
10:20 am	DBHDD Commissioner, Judy Fitzgerald	11:30 am	Game/Break
10:25 am	State Leadership and Elected Officials	11:35 am	In Our Own Voices - Mo Bell
10:50 am	Mental Health Caucus Members	11:45 am	R2ISE Performance
		11:55 am	Annual Mental Health Paladin Award
		12:00 pm	END

TIPS FOR MEETING WITH YOUR GA GENERAL ASSEMBLY



KNOW BHSC'S KEY POINTS

- » Review the talking points and recommendations in the back of this Day at the Capitol Guide and on BHSC's Legislative Priorities flyer.
- » Decide as a group on the 1-2 other issues that you want to talk about in your meetings. Ensure these are included in BHSC's priorities for the year.



KNOW YOUR AUDIENCE

- » FIND YOUR LEGISLATOR: https://openstates.org/find_your_legislator
- » Review information on your Senators and Representative by clicking on their name in your search results.
- » Look for common points of interest or connection between you and the member to help spur conversation.



PLAN MEETING ROLES

- » If meeting as a group, gather before the meeting starts to determine roles: who will take the lead, who will make certain points, and who might share a story.
- » Meetings may be brief, and not everyone will have a chance to speak at length.
- » If your group is large, expect that your role may be to introduce yourself, then observe or tweet/post.
- » Remember that FACTS support and stories move people—but keep your story to 90 seconds or less.



BE AWARE OF TIME

- » Legislators' schedules are tight to be early for your appointments.
- » Practice your story and your ask in advance, so keep the meeting efficient and to-the-point. (You will be more relaxed, too.)



BE FLEXIBLE

- » Legislators' schedules can shift rapidly, so you may have to meet with a different person or have less (or more) time than planned.
- » If asked about topics outside of BHSC's key asks, bring the conversation back to your key points or say "I do not know" and offer to connect with BHSC staff for follow up.



KEEP POLITICS OUT OF IT

- » Mental health does not discriminate based on political party. BHSC is a nonpartisan organization looking for bipartisan solutions.
- » Respect your Legislator's political views, even if they differ from your own.
- » Do not get angry or raise your voice.



BUILD A CONNECTION

- » You may be meeting with the Legislator or their staff; treat both with equal respect.
- » Invite your Legislator to a local mental health program or other event.
- » Politics is local: ask for a contact to send a formal invitation or to schedule a future meeting.



END ON A POSITIVE NOTE

- » Thank the Legislators and their staff for their time—and their support (if applicable).
- » Remind the lawmakers of BHSC's Mental Health Guide and Legislative Priorities sheet, which has been sent to them and their staff.
- » Ask the Legislator if you can take a screen shot of the group and share on social media. Use the hashtag #WeAreMentalHealth and tag the lawmaker in your posts.

QUICK GUIDE TO ZOOM

RECORD VIDEO TESTIMONY TO SHARE WITH YOUR LOCAL LEADERS

- » Tell Your Story To Your Legislator
- » Address your elected officials directly and let them know how you and your community want them to #WeAreMentalHealth

GETTING STARTED

<https://namiga.quorum.us/Vote4MentalHealth/>

- » Check out our advocacy action page and click on the prompt to Tell Your Story
- » Figure out who your legislators are by clicking 'Find my Legislators' and entering zipcode.
- » Follow the script outline and add your own personal impact message.
- » Send to advocacy@namiga.org to share with your legislators

ONCE YOU ARE IN THE MEETING

- » Be sure your microphone is on mute.
- » Be sure your camera is on, if you have one.
- » The meeting lead will help the group to identify what each person's role will be in the meeting. Remember: the meetings are short, and everyone might not have a chance to speak.
- » When/if you are not speaking, be an active listener: look into the camera, show interest, nod, etc.
- » Place comments in chat box—including thank you at end.
- » The controls (mute, chat, etc.) referenced above are at the bottom of your screen, and look similar to this:



OTHER TIPS FOR A GREAT MEETING

- » Wear green for mental health.
- » Smile.



#WeAreMentalHealth

USING SOCIAL MEDIA FOR MENTAL HEALTH ADVOCACY

- » Social media is an important tool for legislators and their staff to learn about constituents' opinions, and your posts will help reinforce the messages we share in our meetings.
- » Here are some tips on how to use social media during (and after) Mental Health Day at the Capitol:
 - » **Amplify #WeAreMentalHealth on social media:** Use [#WeAreMentalHealth Make 2022 the Year for Mental Health](#) in your Mental Health Day at the Capitol posts.
 - » **Use photos and videos:** Even though you won't be meeting in person this year, you can still use visuals like a screen shot of your meeting, or a picture of your legislator or the capitol that you find online.
 - » **Make it personal:** As with your meetings, it is helpful to briefly share your personal story on social media.
 - » **Thank your legislators:** Thank your legislator or their staff by tagging them and sharing pictures. Keep your posts positive, regardless of your meeting outcome.

SAMPLE SOCIAL MEDIA POSTS

- » Always a pleasure to share stories and learn about policy at Mental Health Day at the Capitol! [#WeAreMentalHealth](#)
- » Thank you, @[Legislator], for meeting today about the importance of mental healthcare access in Georgia! [#Vote4MentalHealth](#)
- » 1 in 5 are affected by a [#mentalhealth](#) condition in their life. Thank you @[Legislator] for all you do to increase [#WeAreMentalHealth](#)
- » 2022 is the year for [#mentalhealth](#)! Now, more than ever, we need funding and community support for [#WeAreMentalHealth](#) in Georgia.
- » 2022 is the year for [#mentalhealth](#)! Now, more than ever, we need funding and community support for [#Vote4MentalHealth](#) in Georgia.
- » Today, I met with @[Legislator] to discuss how to protect and increase [#mentalhealth](#) coverage. Thank you for your support of [#WeAreMentalHealth](#)



FOLLOW UP TO HAVE A GREATER IMPACT



SEND A THANK YOU

- › Send a short follow-up email within a few days of your Legislative meetings. You can search for your Legislators' contact information here: www.legis.ga.gov/find-my-legislator
- › Attach any photos that you may have taken with the legislator or staff. (This year, it might be a screen shot of your Zoom meeting!)
- › Thank the office for their time and their service. Reiterate the importance of quality, affordable mental healthcare. Offer to be a resource if they have any further questions.
- › Include a link to the 2022 Mental Health Guide



SHARE YOUR EXPERIENCE

- › Members of Legislature pay close attention to social media, so tweet at them or post on their Facebook wall and let them know that mental health is important to you. Tag them in your photos and include the hashtag #WeAreMentalHealth in your captions.
- › Share your experience with other advocates. In addition to posting on social media, you can send a brief description of your experience and any photos/screen shots to advocacy@nami.org. BHSC partner organizations may include you in their newsletters, on their websites, and/or on their social media pages.
- › See the previous page for tips and sample tweets and posts.



KEEP IT GOING

- › If you aren't getting BHSC's advocacy alerts, email Lisa Pace at lisa.pace@gpsn.org to request.
- › Follow or like your legislators on Twitter, Facebook and Instagram.
- › Learn more about your Legislators by exploring their Legislature websites. Find here: www.legis.ga.gov/find-my-legislator.
- › Research to see if they have personal websites. Sign up for their newsletters.
- › Invite your legislators to local mental health programs.
- › Attend legislators' events in your district to further build your relationship, like office hours and public forums.



IMPACT OF COVID-19

As a result of COVID-19,
behavioral health care is more critical than ever.

The Center for Disease Control and Prevention data shows a tragic psychological toll being exacted by the coronavirus pandemic.

Representative panel surveys were conducted among adults aged ≥18 years across the United States during June 24–30, 2020 and showed:

- › 40.9% of respondents reported at least one adverse mental or behavioral health condition,
- › 30.9% included symptoms of anxiety disorder or depressive disorder.
- › 26.9% of respondents indicated symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic.

Nearly 50% of Americans report the coronavirus crisis is harming their mental health, according to a Kaiser Family Foundation poll.

- › State-specific trends were generally similar to national trends, with both anxiety and depression scores for most states peaking during the December 9–21, 2020, or January 6–18, 2021, survey waves.
- › Across the entire study period, the frequency of anxiety and depression symptoms was positively correlated with the average number of daily COVID-19 cases.
- › Mental health services and resources, including telehealth behavioral services, are critical during the COVID-19 pandemic.

The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions.

- › Community-level efforts, including health communication strategies, should include all young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.

GEORGIANS ARE REACHING OUT FOR SUPPORT

- › A federal emergency hotline, for people in emotional distress registered a more than 1,000% year-over-year increase, with roughly 20,000 people texting the line.
- › In addition to an overall increase in calls to Georgia's Peer2Peer Warm Line, there has been a 20% increase in new callers who have never sought peer support through this resource.
- › Community-level intervention and prevention efforts, including health communication strategies, designed to reach these groups could help address various mental health conditions associated with the COVID-19 pandemic.
 - › The closer one is to the frontlines – such as First Responders, Doctors, Nurses, and Health Care Workers – the greater the potential impact of PTSD from the pandemic. April inquiries were 6x higher than normal.

COMMUNITIES ARE IN NEED OF CARE.

- › Alcohol sales are up about 55% during the pandemic. Alcoholism is the number one cause of emergency room visits.
- › Negative mental health effects due to social isolation may be particularly pronounced among older adults and households with adolescents, as these groups are already at risk for depression or suicidal ideation.
- › Job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide.
- › The closer one is to the frontlines – such as First Responders, Doctors, Nurses, and Health Care Workers – the greater the potential impact of PTSD from the pandemic.

WE ARE MENTAL HEALTH

Comprehensive Mental Health Reform for ALL.

UNIFIED PRIORITIES:

- › FULLY FUND behavioral health care including implementing 9-8-8 crisis line.
- › Stop discrimination in access to behavioral health care by implementing and ENFORCING PARITY protections.
- › Create a PLAN, that includes Certified Peer Specialists, to confront Georgia's mental health WORKFORCE CRISIS & IMPROVE ACCESS to care for all Georgians.
- › IMPROVE MEDICAID processes and increase reimbursement rates for behavioral health care.



FULLY FUND A COMPREHENSIVE BEHAVIORAL HEALTH CARE SYSTEM

TALKING POINTS

- › According to the Substance Abuse and Mental Health Services Administration (SAMHSA[EAN1]), one in four Americans has a mental or substance use disorder.
- › Georgia ranks 48th in Access to mental health care¹

› Services that require expansion to adequately serve Georgian's include:

- prevention
- early Intervention
- mental health treatment
- substance use treatment
- hotlines and warmlines
- crisis intervention
- overdose prevention
- certified peer specialist training'

OUR ASK

- › Fully fund a comprehensive behavioral health care system inclusive of funding for early intervention, school- based behavioral health, peripartum support, and effective crisis response.

- › This includes the new 9-8-8 crisis line, and the implementation of co-responders models of law enforcement working with clinicians and Certified Peer Specialists.
- › Approve specific mental health and substance use 1115 Waivers and IMD Exclusions for Medicaid funds to pay for mental health and substance use disorder services.
- › Fund community-based behavioral health services such as supportive housing, supported employment, peer supports, clubhouses, respite centers, addiction recovery support centers.
- › Expand coverage to all Georgians who are otherwise uninsured and need behavioral health services.



IMPLEMENT & ENFORCE STRONG PARITY PROTECTIONS

TALKING POINTS

- > There is currently no mechanism in Georgia to measure or enforce the federal Mental Health Parity and Addiction Equity Act of 2008.
- > Insured Georgians have significantly more difficulty accessing behavioral health treatment than accessing other medical care. Insurance companies impose limitations, both quantitative and non-quantitative, on accessing behavioral health benefits that are not imposed for other medical benefits.
- > Georgians are 4.2 times more likely to have to go out of network for an office visit for behavioral health services compared to primary care.³

OUR ASK

- > Establish one or more state bodies to ensure and oversee parity compliance, including ensuring compliance with federal and state legal parity obligations, funding to hire and train staff to provide parity transparency

and accountability, establishing a parity complaint portal for submission of complaints by Georgia consumers (including tracking of complaint processing) and funding to implement a marketing campaign to educate Georgians on their parity rights.

- Redefine medical necessity as a service addressing needs of a patient that are in accordance with generally accepted standards of care, clinically appropriate.
 - Provider associations²⁰, DBHDD, and behavioral health agency associations should explore barriers to loan repayment program enrollment, and determine innovative ways to promote and support widespread participation in existing federal loan repayment opportunities. This can be done by developing a tool or other resources to help agencies identify if they qualify for and register as an approved site, and enroll employees.
 - Include a payment structure and rates that cover the costs of services for outpatient care, high fidelity wraparound services, and therapeutic foster care.
- > Empower an entity to develop a Comprehensive Behavioral Health Plan. Produce solutions and make recommendations through policy changes and policy development.

- > Focus on specific goals to eliminate obstacles and barriers to services and treatment.
- > Empower the entity to establish the outcome measures to properly monitor and evaluate implementation. Hold state agencies accountable for successful mental health outcomes.
- > Require insurers to submit data on denials of coverage for behavioral health treatment to the relevant departments for parity compliance analysis.



Mental health parity means that insurance benefits for mental health and substance use conditions are equal to coverage for other types of health care.

So if your plan offers unlimited doctor visits for a chronic condition like diabetes, then it must also offer unlimited visits for a mental health condition such as depression or schizophrenia.



WORKFORCE & SYSTEM DEVELOPMENT

TALKING POINTS

- > Georgia is ranked 48th among all states in access to mental health care, driven by the inadequate availability of mental health workforce.¹
- > 72% (114 of 159) of Georgia's counties are deemed mental health professional shortage areas.⁹
- > 76 of Georgia's 159 counties do not have a licensed psychologist.¹⁰
- > 52 counties do not have a licensed social worker.¹⁰

- > 45 counties do not have a licensed psychologist OR a licensed social worker.¹⁰
- > One in ten Georgians is foreign-born and the number is on the rise. The shortage of providers who can provide culturally competent care to this growing population is even more acute.¹¹

OUR ASK

- > Provide loan forgiveness for those who work in areas impacted by workforce shortages, otherwise known as service deserts.
- > Increase the Medicaid reimbursement rate for mental health services.
- > Fund a tax credit for mental health providers willing to serve as preceptors (mentor to medical students), particularly in underserved/low health access areas of Georgia.

- > Explore opportunities to develop and implement state loan repayment programs, like the Physicians and Dentists Rural Assistance Program, and Physician Assistant and Advanced Practice Registered Nurse Loan Repayment Programs.
- > Invest in efforts to develop a culturally competent behavioral health workforce that can meet the growing needs of the state's increasingly diverse population.
- > Expedite licensure for all practices and of qualified foreign-born mental health clinicians to address the shortage of bilingual/bi-cultural counselors throughout the state², including by providing a temporary license including foreign counselors who can work under clinical supervision while preparing to take the general licensing exams.
- > Expand the Certified Peer Specialist workforce and training opportunities.



EARLY INTERVENTION & PREVENTION

TALKING POINTS

- › Early intervention for behavioral health challenges is both clinically effective and cost-efficient due to lowered treatment intensity, fewer and less severe continuing symptoms, and quicker and fuller recovery.⁴
- › Untreated maternal/parental depression is associated with children's later mental health challenges and substance use. Adequate screening during pregnancy, closely following delivery, and during the first year after delivery provide for early detection and treatment of perinatal mental health complications. Thus, regular perinatal mental health screenings stand to improve the short- and long-term mental health outcomes of parents and children alike.⁵
- › Additionally, early intervention is proven to be both clinically effective and reduces health care costs. Addressing a young person's mental health can

prevent more expensive and less effective treatment as an adult. We also know that substance use during adolescence increases the risk for addiction later in life.

- › Georgia's youth are in urgent need of comprehensive mental health and substance use services. Prior to the pandemic, Georgia's youth was already struggling with mental illness and substance misuse, and the COVID-19 pandemic has made the situation worse.⁴
- › In 2019, 30% of Georgia high school students reported feeling sad or hopeless, and nearly 12% seriously considered attempting suicide.
- › According to the CDC, youth and young adults have experienced the highest increases in mental illness and substance misuse as a result of pandemic-related stress, and overdose and substance use disorder claims are up for 13 to 18 year-olds nationally.
- › 50% of mental health conditions begin by age 14, and 75 % begin by age 24.⁶
- › 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem⁷, yet 70% of children and adolescents who

experience mental health problems have not had appropriate interventions at a sufficiently early age.

OUR ASK

- › Expand APEX and other school-based behavioral health services
- › Increase access to behavioral telehealth in schools
- › Expand gatekeeper training for school personnel and universal prevention activities – e.g., mental health, suicide prevention, substance misuse
- › Expand SBIRT (screening brief intervention referral treatment) efforts
- › Implement statewide trauma-informed training for staff in all settings where children receive services
- › Implement evidence-based mental health/substance abuse screenings
- › Create a comprehensive statewide universal screening system for perinatal mood and anxiety disorders (PMADs).⁸
- › Establish a task force that can evaluate best practices for community mental health, substance use disorder service reimbursements, and early intervention and prevention services.



DECRIMINALIZE MENTAL HEALTH

TALKING POINTS

- › There has been a massive trans-institutionalization (transfer from one large institution to another large institution) into our jails and prisons. There now are significantly more people living with serious mental illness in our jails and prisons than there are in our psychiatric facilities.
- › Return responsibility for mental health care back to Georgia's public safety net, and away from city and county jails across the state. Each year Georgians are spending tax dollars to house people with mental health concerns in their county and city jails, most on minor, non-violent charges, because of the lack of access to mental health supports and services.
- › On average, in 2018, the cost of holding people in federal custody was \$102.60 per day per adult, or \$37,449 a year.¹³ By Comparison, The average cost for

psychiatric treatment in a community hospital ranges from \$3,616 to \$8,509 total, depending on the type of illness being treated and length of stay. A simple calculation reveals that for an adult, the cost of 35 to 83 days in prison would provide the financing of a hospitalization that would have a better chance of bringing about recovery.¹⁴

- › The monetary cost for juvenile detention is: \$588 per day per youth, or \$214,620 a year. For a juvenile, a sentence of just six to 15 days would cover the cost of the average psychiatric hospitalization.

OUR ASK

- › Increase the number of accountability courts in Georgia.
- › Divert non-violent offenders with mental health concerns into treatment.
- › Invest in mental health services that keep people out of jail in the first place.
- › Continue Crisis Intervention Team (CIT) training of police, corrections, and other first responders on safely and effectively responding to people with mental health concerns.

- › Assure the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) be exempt from state budget cuts.
- › Require and fund mental health training for all first responders, such as Emergency Medical Services, to reduce police engagement during a mental health crisis.
- › Fund mental health training for family members and caregivers to give an appropriate mental health response to a mental health crisis.
- › Require and fund the placement of a mental health professional trained by the Georgia Crisis and Access line to be on call in all 911 units.
- › Establish and fund a statewide network of co-responder programs founded on partnerships between local law enforcement and Community Service Boards (CSB), who will jointly respond to individuals in a mental health crisis. The program should include CSB follow-up services to support stability, and coordination with sheriffs to identify and relocate incarcerated individuals who may be treated more effectively within the behavioral health system.



PSYCHIATRIC ADVANCE DIRECTIVES (P.A.D.)

TALKING POINTS

- > 1 in 4 people with a serious mental illness has been arrested by the police at some point in their lifetime – leading to over 2 million jail bookings of people with serious mental illness each year.
- > P.A.D.s help an individual with mental illness preserve their autonomy while ensuring the right care at the right time.

- > People who complete P.A.D.s are more likely to work collaboratively with their clinicians, experience fewer coercive crisis interventions, and feel that their personal needs for mental health services are being met.
- > In an emergency, the process of diagnosing and treating patients in mental health crises will be more efficient and more effective if medical providers have access to the information in a P.A.D. and a clear agent with whom they can coordinate on critical care decisions.

About **2 in 5** adults in jail or prison have a history of mental illness.



OUR ASK

- > P.A.D. legislation is needed because our current healthcare proxy expressly precludes agent authority in matters related to mental health.
- > Create public policies and laws that encourage the development and use of psychiatric advance directives (P.A.D).



BROADBAND

TALKING POINTS

- > High-speed Internet access is crucial to Georgia's ability to address the state's lack of access to medical care for mental health and substance use and yet hundreds of thousands of Georgians, especially those in rural communities, do not have such access.> High-speed

Internet access enables telehealth and telehealth expands Georgians access to mental health professionals by enabling virtual access when physical access to mental healthcare is not available. It also allows mental health professionals from outside the state to provide care to Georgians by way of interstate compacts that enable licensed professionals from outside Georgia to provide care. Interstate telehealth is a critical tool in addressing Georgia's mental health workforce shortage.

- > Additional benefits of telehealth include enabling more access to specialized care, enhancing workforce efficiency

(telehealth has fewer cancellations and no-shows and facilitating early identification and prevention of mental health challenges.

OUR ASK

- > Establish open access, a fiber-to-the-home network where the same physical network infrastructure is utilized by multiple providers delivering services to subscribers in unserved and underserved areas.
- > Implement a balanced approach to telehealth and reciprocity with other states.



IMPLEMENT 9-8-8

TALKING POINTS

- > Our lack of an effective and widely available mental health crisis system leads to tragic results for people in crisis.
- > And in too many places, a person in crisis is more likely to come into contact with law enforcement rather than a mental health professional.
- > Since 2015, nearly 1 in 4 fatal police shootings have been of people with mental illness, with 1 in 3 being people of color. People with mental illnesses are also overrepresented in our criminal

justice system, and black individuals with mental health in jail are more likely to go into solitary confinement, become injured while incarcerated, and stay in jail longer – where mental illnesses are often left untreated.

OUR ASK

- > When 9-8-8 launches in July 2022 to provide mental health and suicidal crisis response, our communities need to be ready to provide robust crisis services that can respond to a range of crisis calls and needs.
- > Invest in a robust mental health crisis system, starting with early identification and prevention, that will reduce the need for a law enforcement response and avoid tragic outcomes when individuals and families call for help.



9-8-8 NATIONAL SUICIDE HOTLINE

- > In October 2020, United States Congress passed the *National Suicide Hotline Designation Act (S.2661)* into law. This historic legislation implements the three-digit "9-8-8" dialing code for the National Suicide Prevention Lifeline, including specialized services for at-risk communities like LGBTQ-youth and Veterans. A well-resourced, easy-to-remember 988 will save lives by increasing access to necessary resources and support in times of crisis that will save lives.
- > The Federal Communications Commission has said this number will become effective in July 2022. To help communities prepare, S. 2661 also permits states to impose fees that will allow for timely and well-trained crisis response.

Please note that the 9-8-8 crisis hotline will not be nationally available until July 2022. Callers should continue to access the National Suicide Prevention Lifeline through 1-800-273-8255 or Georgia Crisis and Access Line at 1-800-715-4225 until 9-8-8 is fully operational.



INVEST IN APPROPRIATE, AFFORDABLE HOUSING FOR PEOPLE LIVING WITH MENTAL ILLNESS

TALKING POINTS

- > Lack of safe and affordable housing is one of the most significant barriers to independent living for people with serious mental illness. Without housing, too many people cycle in and out of homelessness, incarceration, shelters, emergency departments, and hospitalization or remain institutionalized.
- > Georgia's Department of Justice Settlement Agreement continues to focus on the importance of SUPPORTIVE housing for recovery.
- > Georgia must plan for the future and work to ensure that all people with

mental health concerns living in the state have access to appropriate, affordable housing.

OUR ASK

- > Protect the Department of Housing and Urban Development (HUD) and oppose any cuts to HUD program. Take full advantage of allocating federal money
- > Support the following findings of the Georgia State Senate 2017 Homeless Committee:
 - Leverage state funds by accessing federal Medicaid funds to support individuals who are currently or at risk of homelessness.
 - Increase state funding to the State Housing Trust Fund for the Homeless (SHTF) in order to enable the Department of Consumer Affairs (DCA) to expand existing homelessness programs as well as to explore additional options and opportunities to maximize federal funds to address homelessness in Georgia.
 - Allocate funding for DCA's expansion of the Section 811 Project Rental

Assistance Demonstration Program and mixed-income properties in high-density counties.

- Increase funding for SUPPORTIVE housing placements for Georgia Housing Voucher Program participants.
- Allocate funding to expand the Georgia Housing Voucher and Bridge Program to include non-settlement criteria individuals with a substance use diagnosis.
- Allocate funding to PATH, ACT, CST, and ICM services to support the provision of replacement state-issued identification for enrolled individuals transitioning from correctional facilities.
- Create a statewide public-private partnership in every county that serve as a clearinghouse of best practices, information, and resources that support, develop, and sustain local re-entry case planning collaboratives.
- Increase state funding for private and/or nonprofit homeless shelters to provide increased educational and psychosocial supports to youth who are homeless.



ADVANCE MENTAL HEALTH EQUITY

TALKING POINTS

- > We believe ALL Georgians – regardless of race, ethnicity, geographic location or any other difference—should have access to quality behavioral health care and the opportunity to lead healthy & productive lives.
- > Today, approximately 50% of Georgians come from communities of color. More than one million Georgians (one in ten) are foreign-born and that number is on the rise.¹⁵
- > DBHDD has recognized the rapidly growing ethnic and racial diversity of the state and listed the shortage of culturally and linguistically appropriate services as a principal unmet need.³
- > As the US restores its refugee admissions program, Georgia is once again welcoming thousands of refugees and others in need of safe haven from war and torture, including more than 1500 Afghan allies and others from around the world.

- > In Georgia, birthing individuals are only able to maintain Medicaid enrollment up to six months after childbirth. In order to maintain Medicaid coverage, birthing individuals must re-apply and qualify under much stricter income guidelines because they are no longer pregnant. These six months of eligibility constraints birthing individuals' ability to get critical health care, including mental health care, in the postpartum period. By extending eligibility up to one year after delivery, birthing individuals will have greater access to mental health services and treatment for perinatal mood and anxiety disorders (PMADs).¹⁶

OUR ASK

- > Invest in efforts to develop a culturally competent behavioral health workforce that can meet the growing needs of the state's increasingly diverse population.
- > Implement national cultural competence standards in Georgia to deliver services that are culturally and linguistically appropriate and respond to patient's cultural health beliefs, preferences and communication needs. Georgia has yet to fully implement these standards and could use federal funds to bring them into compliance.
- > Introduce pilot programs to bring integrated behavioral health care to the

10 GA counties hardest hit by COVID – mostly underserved rural counties with large communities of color.¹⁷

- > Implement programs that engage local communities in the 5 rural counties with the highest rates of suicide to drive down those rates.¹⁸
- > Extend Medicaid eligibility to one year after delivery.



Cultural competence is the behaviors, attitudes and skills that allow a health care provider to work effectively with different cultural groups. Finding culturally competent providers is important because they understand the essential role that culture plays in life and health. A culturally competent provider includes cultural beliefs, values, practices and attitudes in your care to meet your unique needs.

ENDNOTES

1. "2020 Access to Care Data." Mental Health America, 2020, <https://mhanational.org/issues/2020/mental-health-america-access-care-data>.
2. Eldridge, Ellen. "CDC Reports Overdose Deaths in Georgia Rose at Least 38% during Pandemic." Georgia Public Broadcasting, <https://www.gpb.org/news/2021/08/11/cdc-reports-overdose-deaths-in-georgia-rose-at-least-38-during-pandemic>.
3. Addiction and Mental Health vs. Physical Health: Analyzing ... <https://us.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2017/nqtlidisparityanalysis.ashx>.
4. "Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic - United States, June 24-30, 2020." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 13 Aug. 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_x.
5. "The Effects of Maternal Depression on Early ... - Brookings." Brookings Edu, https://www.brookings.edu/wp-content/uploads/2019/01/ES_20190131_Reeves_Maternal_Depression2.pdf.
6. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.
7. Green, H., McGinnity, A., Meltzer, Ford, T., Goodman, R. 2005 *Mental Health of Children and Young People in Great Britain: 2004*. Office for National Statistics. Children's Society (2008) *The Good Childhood Inquiry: health research evidence*. London: Children's Society.
8. "Final Recommendation Statement: Depression in Adults: Screening: United States Preventive Services Taskforce." Final Recommendation Statement: Depression in Adults: Screening | United States Preventive Services Taskforce, 26 Jan. 2016, <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-adults-screening>.
9. Health Resources & Service Administration HPSA Mental Health Datafile
10. Centers for Disease Control and Prevention (2019). Behavioral Health Services in Georgia. Retrieved 11-29-19 from <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/georgia/index.html#table>
11. Take a Look: How Immigrants Drive the Economy in Georgia." *New American Economy*, 6 Dec. 2021, <https://www.newamericaneconomy.org/locations/georgia/>.
12. Al-Rousan, Tala, et al. "Inside the Nation's Largest Mental Health Institution: A Prevalence Study in a State Prison System." *BMC Public Health*, BioMed Central, 20 Apr. 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5397789/>.
13. Federal Register :: Annual Determination of Average Cost ... <https://www.federalregister.gov/documents/2018/04/30/2018-09062/annual-determination-of-average-cost-of-incarceration>.
14. "The Cost of Criminalizing Serious Mental Illness." NAMI, <https://www.nami.org/Blogs/NAMI-Blog/March-2021/The-Cost-of-Criminalizing-Serious-Mental-Illness>.
15. "Immigration Policy & Law." *Migrationpolicy.org*, 1 Nov. 2021, <https://www.migrationpolicy.org/topics/immigration-policy-law>.
16. Usha Ranji, Ivette Gomez, and Dec 2020. "Expanding Postpartum Medicaid Coverage." *KFF*, 9 Mar. 2021, <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>.
17. Hancock, Glascock, Candler, Terrell, Wilcox, Twiggs, Johnson, Randolph, Ware, and Jenkins.
18. Dawson, Union, Pickens, Gilmer, and Lumpkin.
19. Jia H, Guerin RJ, Barile JP, et al. National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic - United States, 2020-2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1427-1432. DOI: <http://dx.doi.org/10.15585/mmwr.mm7040e3> 20. Georgia Behavioral Health Reform and Innovation Commission. January 2021, https://www.house.ga.gov/Documents/CommitteeDocuments/2020/BehavioralHealth/BH_Commission_Report.pdf.
20. Georgia Behavioral Health Reform and Innovation Commission. January 2021, https://www.house.ga.gov/Documents/CommitteeDocuments/2020/BehavioralHealth/BH_Commission_Report.pdf.

ADVOCACY ORGANIZATIONS



American Counseling Association of Georgia
www.counseling.org/georgia



American Foundation for Suicide Prevention
 Georgia

American Foundation for Suicide Prevention
www.afsp.org



THE CARTER CENTER
 MENTAL HEALTH PROGRAM
Waging Peace. Fighting Disease. Building Hope.

The Carter Center: Mental Health Program
www.cartercenter.org



GEORGIANS FOR A HEALTHY FUTURE

Georgians for a Healthy Future
<https://healthyfuturega.org>



National Multiple Sclerosis Society

Georgia Budget & Policy Institute
www.gbpi.org



Georgia Society for Clinical Social Work
www.gscsw.org



Georgia Supportive Housing Association
www.supportivehousingassociation.com



Mental Health America of Georgia
www.mhageorgia.org



The CENTER for VICTIMS of TORTURE
The Center for Victims of Torture
www.cvt.org



Georgia Council on Substance Abuse
gasubstanceabuse.org



GEORGIA MENTAL HEALTH CONSUMER NETWORK
Georgia Mental Health Consumer Network
www.gmhcn.org



Georgia Parent Support Network
www.gpsn.org



NAMI Georgia
www.namiga.org

2022 MENTAL HEALTH DAY AT THE CAPITOL SPONSORS

Diamond



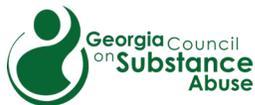
Platinum



Gold



Silver



Bronze



#WeAreMentalHealth

Make 2022 the Year for Mental Health

Created by



Distributed in partnership with

