

2021

DAY AT THE CAPITOL GUIDE



LEAD ADVOCACY ORGANIZATIONS

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2021 MENTAL HEALTH DAY AT THE CAPITOL SPONSORS

Diamond



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Gold



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Bronze



Contributing Partners



GA DBHDD Office of Deaf Services

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#MentalHealthEquity

fair access to behavioral health in Georgia

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

TUESDAY, JANUARY 19, 2021

Zoom Link: <https://us02web.zoom.us/j/83322466300> **Passcode:** BHSC

10:00 am – 10:30 am

- Welcome
- Respect Institute Speaker
- DBHDD Commissioner Judy Fitzgerald
- Game

10:30 am – 11:00 am

- Behavioral Health Innovation and Reform Commission Update, former Representative Kevin Tanner

11:00 am – 11:30 am

- Spotlight on Peers
- Spotlight on Certified Peer Specialist: Parent (CPS-P) and Certified Peer Specialist – Youth (CPS-Y)
- R2ISE Performance

11:30 am – 12:00 pm

- 2021 Legislative Priorities
- How to Communicate with Your Legislator
- Game
- Closing

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. You may link to it in your thank you, as well. (Link: <https://tinyurl.com/2021MHDCgreen>)
- » Ask the Legislator if you can take a screen shot of the group and share on social media. Use the hashtag #MentalHealthEquity and tag the lawmaker in your posts.

QUICK GUIDE TO ZOOM

All Legislator Meetings will take place via Zoom.
To check on the date and time of your meeting, if you requested one, email advocacy@namiga.org after 1/15/21.

GETTING STARTED

(YouTube Tutorial: <https://www.youtube.com/watch?v=tr-JHfEas8k>)

- » Start early. You do not need to create a Zoom account—but if you have not used Zoom on your computer before, you will be prompted to download the Zoom client (or Zoom app, if you are using your phone.) This will only take a couple minutes.
- » Click on the ZOOM LINK in the meeting confirmation you received via email from advocacy@namiga.org. (Download Zoom client/app if you are prompted.)
- » When prompted, enter the MEETING ID (included in confirmation email).
- » You will then be put in a “waiting room.” The leader will admit you in to the meeting shortly after that.

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.



#MentalHealthEquity

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 #MentalHealthEquity on social media:** Use [#MentalHealthEquity](#) 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! [#MentalHealthEquity](#)
- » Thank you, @[Legislator], for meeting today about the importance of mental healthcare access in Georgia! [#MentalHealthEquity](#)
- » 1 in 5 are affected by a [#mentalhealth](#) condition in their life. Thank you @[Legislator] for all you do to increase [#MentalHealthEquity](#)
- » 2021 is the year for [#mentalhealth](#)! Now, more than ever, we need funding and community support for [#MentalHealthEquity](#) in Georgia.
- » 2021 is the year for [#mentalhealth](#)! Now, more than ever, we need funding and community support for [#MentalHealthEquity](#) in Georgia.
- » Today, I met with @[Legislator] to discuss how to protect and increase [#mentalhealth](#) coverage. Thank you for your support of [#MentalHealthEquity](#)



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 2021 Mental Health Guide: <https://tinyurl.com/2021MHDCgreen>



COMPLETE FEEDBACK FORMS

- › The meeting lead should fill out one Mental Health Day at the Capitol feedback form for each meeting. Link to feedback forms: <https://tinyurl.com/2021LegMtg>
- › These forms help BHSC staff learn about your visit, and follow up appropriately with legislative offices.



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 #MentalHealthEquity 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: <https://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.



PATIENT FIRST ACT: GEORGIA'S PATHWAYS TO COVERAGE

- › The Georgia Pathways to Coverage section 1115 demonstration is designed to extend Medicaid³ coverage (with limited exceptions described below) to individuals with incomes up to 100% of the federal poverty level (FPL) who meet the qualifying hours and activities and premium payment requirements as a condition of initial and continued eligibility.
- › Age: low income adults ages 19–64
- › Income: up to 100% of the FPL (who are not otherwise eligible for Medicaid coverage)
- › Complete a minimum of 80 hours of qualifying activities, unless they require a reasonable accommodation due to a disability or, for beneficiaries already enrolled, experience a circumstance that gives rise to good cause for non-compliance. Monthly reporting required of the activity. Some approved activities include unsubsidized or subsidized employment, certain community service activities, and higher ed enrollment.
- › Initial and ongoing monthly premium payments required of those from 50% to 100%, based on household income (not to exceed 5% of household income). Beneficiaries will also be required to pay copayments that mirror the state plan and are consistent with Medicaid cost sharing rules.
- › Employed participants required to enroll in employer-sponsored insurance (ESI) if it is cost-efficient to the state and will receive assistance through Georgia's health insurance premium program (HIPP).
- › No access to non-emergency medical transportation (NEMT).
- › Participants (except beneficiaries enrolled in ESI) will be provided with a Member Rewards Account (MRA), through which co-pays will be deducted, premiums will be tracked, and incentive points will be reflected. Funds in the MRA are non-monetary credits and any deduction does not result in actual charges to the beneficiary. Beneficiaries may use their MRA to access dental services, glasses, contacts, and over the counter drugs not covered by Medicaid.



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.

STATE OF BEHAVIORAL HEALTH IN GEORGIA

Even before the recent Coronavirus pandemic, there was a mental health crisis in the United States and in our Georgia communities.

NATIONWIDE, THE SUICIDE RATE HAS INCREASED 31% SINCE 2001.

- › Suicide is the 2nd leading cause of death among people aged 10-34 and the 10th leading cause of death overall in the U.S.

MORE THAN HALF OF ADULTS AND CHILDREN WITH A MENTAL HEALTH CONCERN DO NOT RECEIVE TREATMENT.

- › 1 in 5 U.S. adults experiences a mental illness each year, but less than half get treatment.
- › 1 in 25 U.S. adults experiences a serious mental illness each year, but less than two-thirds get treatment.
- › 1 in 6 youth experience a mental health condition each year but only half get treatment.

- › 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition
- › 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness.
- › 70.4% of youth in the juvenile justice system have a diagnosed mental illness.
- › 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder.

We need more access to quality, affordable mental health services, treatment, and supports for Georgians, not less.

Budget cuts will actually increase the state's cost—or just shift the cost to local governments—due to increased ER visits, institutionalization, and other costly outcomes.

Compared to 49 states and the District of Columbia, Georgia ranks:

- 51st in Access to Mental Healthcare
- 50th in Youth Who Did Not Receive Treatment for a Mental Illness Diagnosis
- 48th in Adults with a Mental Illness Who Receive Treatment
- 47th in Mental Health Workforce Availability
- 46th in Adults with a Mental Illness Who Are Uninsured
- 43rd in Adult Mental Health—Overall Higher prevalence and lower access

<https://www.mhanational.org/issues/2020/ranking-states>



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.

- › 24% of Americans show clinical signs of depression.
- › 30% show symptoms of generalized anxiety disorder.
- › These numbers are about double those found in a 2014 survey.
- › The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19.
- › Young people are struggling most with their mental health. The proportion of youth ages 11-17 who accessed screening was 9 percent higher than the average in 2019. Not only are the number of youth searching for help with their mental health increasing, but throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.

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

- › 47% of respondents sheltering in place reported negative mental health effects
- › More than half the respondents who lost income or employment due to the pandemic reported negative mental health impacts, with lower income respondents reporting higher rates of major negative impact.
- › Respondents reported that their mental health will not hold out as long as their physical health or their financial health, under social distancing guidelines. Around twice the number said their mental health is already suffering (15%), compared to their physical health (6%) and their financial health (9%).

As a result of the COVID-19 pandemic, racial/ethnic minorities are experiencing disproportionately worse mental health outcomes, increased substance use and elevated suicidal ideation.¹

- › Factors that contribute to the increased harm for racial and ethnic minority groups include pre-existing inequities in access to quality healthcare, being

disproportionately represented in essential work settings with greater physical and mental health dangers, and growing unemployment rates and financial stress caused by the pandemic.²

- › While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences in those changes over time. Black or African American screeners have had the highest average percent change over time for anxiety and depression, while Native American or American Indian screeners have had the highest average percent change over time for suicidal ideation.

GEORGIANS ARE REACHING OUT FOR SUPPORT.

- › The number of people looking for help with anxiety and depression has skyrocketed. From January to September 2020, 315,220 people took the anxiety screen, a 93 percent increase over the 2019 total number of anxiety screens. 534,784 people took the depression screen, a 62 percent increase over the 2019 total number of depression screens.
- › A federal emergency hotline, run by SAMSHA, for people in emotional distress registered a more than 1,000 percent increase in April, compared with the same time last year, 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.
- › The NAMI HelpLine saw a 40% increase in demand in April.
- › NAMI Basics OnDemand online class 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.



PROTECT BUDGETARY FUNDING OF MENTAL HEALTH SERVICES

- › Currently, Georgia ranks 51st out of 51 districts and states in access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability.⁴
- › Georgia ranks 43rd out of 51 districts and states for adult prevalence for mental illness and access to care.⁵
- › Despite the substantial increase (\$256m) in new state dollars Georgia has invested in mental health services in

the past decade, thousands of Georgians are unable to access the services or are deemed ineligible to access the community based services.⁵

- › 1,569 Georgians died by suicide in 2018. Suicide rates in rural Georgia are almost two times the rate in urban areas. In addition to rural residents, groups at greater risk of suicidality include veterans, medical professionals, LGBTQ persons, persons on the autism spectrum and African American youth under the age of 11.⁶
- › Only 9.8% of Georgia’s FY2021 health care budget is dedicated to mental health services, and this includes some services funded through Medicaid.⁷
- › This year, DBHDD will have \$91.4 million less than FY2020. We are leaving more Georgians vulnerable without access to services.⁷

- › In FY 2019, DBHDD expensed over \$750 million in mental health ambulatory/ community care including Primary Prevention, Evidence-Based Practices for Early Serious Mental Illness, and Other 24-Hour Care expenditures.⁸

RECOMMENDATIONS

- › Restore and generate additional revenue for mental health treatment services, suicide prevention, and recovery supports.
- › Restore funding for affordable housing supports for individuals with serious mental illness and severe and persistent mental illness.
- › Restore funding for recovery-oriented services and supports.
- › Over the next 5 years increase funding for core and preventative services to match increased need in the state.



ACHIEVE MENTAL HEALTH PARITY IN GEORGIA

- › Parity is grounded in ensuring equal coverage of treatment services under both the behavioral health and medical benefits offered by a health plan. Thus, parity law requires that, if a health plan offers behavioral health coverage, the plan’s coverage for behavioral health services (mental health and substance use disorders) be no more restrictive than its coverage for medical or surgical services.
- › The Federal Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted in 2008 and promised the equal coverage of mental health and substance use services. It leaves the implementation and monitoring plans up to each state.
- › There is currently no mechanism in Georgia to monitor or enforce MHPAEA for commercial insurers. This oversight falls under the Office of the Insurance and Fire Safety.
- › Enforcing parity leads to better health outcomes and can save lives. Enforcing parity will also benefit the state budget by reducing the need for costly hospitalization or crisis services and reducing incarceration of individuals with behavioral health disorders.

EXAMPLES OF PARITY VIOLATIONS CAN INCLUDE:

- › Denials of authorization for mental health and substance abuse care:
- › “Fail-first” requirements – refusal to pay for higher cost therapies until the patient fails at a lower cost treatment.
- › A limited number of in-network behavioral health care providers or failure of those providers to take new patients.
- › Exclusion of coverage for certain types of treatment without any medical necessity analysis.
- › Prior authorization requirements and re-authorization for mental health concerns or substance use disorders (e.g., inpatient mental health care coverage re-authorization required every 5 days).
- › Failure of the formulary (medications covered by insurance) to include psychiatric medications (e.g., anti-psychotic medications).

RECOMMENDATIONS

- › Pass legislation and enact administrative rules to enable meaningful enforcement by collecting comprehensive, accurate data from insurers on a regular basis, and creating an effective monitoring and accountability framework, including regular reports to the general assembly, supporting network adequacy legislation, and making parity data public and transparent.

- › Ensure the Office of the Commissioner of Insurance (OCI) conducts regular market exams for parity compliance.
- › Ensure the Department of Community Health (DCH) includes clear parity requirements in Medicaid managed care contracts and requires CMOs to provide parity data.
- › Ensure a transparent and consumer-friendly complaint process.



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.



MAXIMIZE OPPORTUNITIES FOR PEER SUPPORT AND RECOVERY

- › Georgia is nationally—and internationally—recognized as a leader in the development and delivery of peer support services. The most widely utilized peer specialist training model is known as “the Georgia model” because it was developed here.
- › Peer support services are embedded throughout the delivery of behavioral health services in Georgia’s Community Service Boards, regional hospitals, day reporting centers, Addiction Recovery Support Centers, Recovery Community Organizations; Peer Support, Wellness, and Respite Centers; and community and faith-based providers throughout the state.
- › Since 1999, over 3,000 Georgians have been certified to provide peer support services in Georgia. They are employed in every region of the state.

CRITICAL TO GEORGIA’S PUBLIC SAFETY NET

- › **“Peer support recovery is the future of behavioral health,” according to SAMSHA⁹.**

- › In an US DOJ report in its ongoing settlement with the Georgia DBHDD, it is noted that the Peer Support, Wellness, and Respite Centers “provide exemplary opportunities for companionship, respite, skill acquisition and encouragement... [and are] an indication of the State’s commitment to client-directed supports in typical community settings.” The report applauds the “articulate and engaged community of peers and advocates.”¹⁰
- › Additionally, DBHDD and the Georgia Mental Health Consumer Network have developed and implemented a forensic peer mentor project recognized for reducing recidivism in Governor Deal’s final criminal justice reform commission report.¹¹
- › Yet, as a result of the FY21 budget cuts, one of Georgia’s five Centers was closed.

RECOMMENDATIONS

- › Restore and expand funding for training and continuing education for Certified Peer Specialists. Continuing education is a required component of Georgia’s agreement with Medicaid.
- › Restore and expand funding for Georgia’s Peer Support, Wellness, and Respite Centers.



WORKFORCE DEVELOPMENT

- › Nationally, there are workforce shortages of mental health providers including psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, and advanced nurse practitioners who are specializing in mental health care.
- › Georgia is ranked 48th among all states in the adequate availability of mental health workforce.¹⁴
- › American Health Ranking identifies the low rate of mental health providers as a significant challenge in Georgia; the state is ranked 40th in overall health.¹⁵
- › Currently, there is a 730:1 ratio of the Georgia population to mental health providers in comparison to the National average of 400:1.¹⁶
- › There are 1,097 psychiatrists across Georgia; less than 50% of them accept Medicaid.¹⁷ Georgia needs 188 additional psychiatrists to achieve a population-to-psychiatrist ratio of 30,000-to-1¹⁸, yet 14% of the active psychiatrist will be retiring in the next five years.¹⁷
- › It is more likely for first responders and other medical professionals to encounter someone with a mental health concern than someone who is having a heart attack.

RECOMMENDATIONS

- › Incentivize a Coordinated Workforce through the training of new behavioral health providers, and ensure that all providers are trained in evidence-based integration and coordination models.
- › Increase the number of professionals in the state specializing in mental health by setting standards for education that offer trauma and suicide courses earlier.
- › Offer loan forgiveness for those who work in rural areas impacted by workforce shortages.
- › Increase the Medicaid reimbursement rate for mental health services.
- › Fund a tax credit for Mental Health providers willing to serve as preceptors (mentor a medical student), particularly in underserved/low health access areas of Georgia.



INVEST IN MILITARY AND VETERANS

- › Georgia ranks 9th in the US in Veteran population with over 600,000 veterans¹²
- › Veterans struggle to get mental health treatment, have high rates of mental health concerns and suicide, and experience unique barriers to care.
- › Veterans in Georgia often wait far too long for their disability claims to be approved.
- › Veteran suicides account for 14% of suicides in the state. GA Vet suicide rates are significantly higher than the state, regional, and national suicide rates. Nearly 4 GA Vets die by suicide each week.¹³

- › Georgia had an estimated 801 Veterans experiencing homelessness on any given day, 8% of the state’s homeless population.

RECOMMENDATIONS

- › Improve the disability claims process by hiring more claims specialists at VA clinics or by partnering with non-profit veterans advocacy groups.
- › Provide food or housing assistance to veterans who are awaiting the results of disability claims.
- › Support PTSD treatment research through partnerships with universities.
- › Reduce barriers to care by funding telemedicine and by incentivizing mental health providers to practice in rural areas of the state.
- › Expand Georgia Crisis and Access Line.



INVEST IN MENTAL HEALTH SERVICES FOR CHILDREN, YOUNG ADULTS, AND FAMILIES

- > Half of mental health conditions begin by age 14 and 75 percent by age 24.¹⁹ If untreated, mental health problems can lead to many negative health and social outcomes.
- > Schizophrenia and other psychotic disorders are serious mental illnesses, and typically strike in adolescence and young adulthood.
- > Without early treatment, the consequences can be tragic. Youth with psychosis are dying at a rate 24 times higher than their peers.²⁰
- > In Georgia, suicide is the 2nd leading cause of death among those ages 10–34.²¹ More than 39,000 of Georgia’s 6th–12th graders attempted suicide in the last 12 months and almost 79,000 had serious thoughts of suicide.²²

- > 57% of all adolescents utilizing mental health services receive at least some of those services through school, according to a NSDUH analysis²³
- > 10% of adolescents (12–17) in Georgia experience a Major Depressive Episode each year; over 60% of these adolescents did not receive treatment for depression.²⁴
- > National Institute of Mental Health (NIMH) research shows that Coordinated Specialty Care (CSC) services in early psychosis programs are changing the trajectory of mental health concerns and helping young people get their lives on track.

COORDINATED SPECIALTY CARE (CSC) SERVICES INCLUDE:

- > Case management,
- > Medications and primary care coordination,
- > Cognitive behavioral therapy,
- > Supported education and employment, and
- > Family education and support.

RECOMMENDATIONS

- > Supplement the 10% of Georgia’s federal mental health block grant set-aside for Coordinated Specialty Care with state funds to support the expansion of early psychosis programs.
- > Assure that a full range of services are available to help youth in crisis, including inpatient care when needed.
- > Implement the following findings and recommendations of the Governor’s Commission on Children’s Mental Health.
- > Fund supported education and employment programs for youth and emerging adults with serious mental illnesses.
- > Increase access to behavioral health care for children through Georgia’s Apex program which builds capacity and increases access to mental health services for school-aged youth.
- > Support the development of telemedicine services for underserved areas of the state.



END UNNECESSARY INCARCERATION OF INDIVIDUALS WITH MENTAL HEALTH CONCERNS

- > Far more people with serious mental illness reside in prisons and jails than are cared for in state psychiatric hospitals.²⁵ As such, jails have become the de facto mental health institutions of our day.
- > People with serious mental illness are incarcerated at four times the rate of the general population.²⁶
- > Tragically, about 2 million people with mental health concerns are booked into jails every year, most on minor, non-violent charges.²⁷
- > About 1 in 5 jail inmates in the U.S. have a serious mental illness.²⁸
- > More than half of inmates with a mental health condition did not receive medication for their illness while in prison, according to a nationwide 2004 study.²⁹
- > When in jail, people with mental health concerns stay almost twice as long as others facing similar charges.³⁰

- > Georgia Accountability Courts reduce recidivism and lower costs associated with incarceration.

RECOMMENDATIONS

- > 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.
- > Request the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) be exempt from state budget cuts
- > Encourage and fund mental health training for all first responders, such as Emergency Medical Services, and family members so police are not engaged during a mental health crisis.
- > Train 911 operators to contact the Georgia Crisis Access Line and dispatch a mental health professional as a first responder to the scene of a mental health crisis.



ADDRESS THE OPIOID EPIDEMIC

- > Substance addiction is a brain disorder.
- > About a third of all people experiencing mental health concerns and about half of people living with severe mental illness also experience substance abuse.³¹
- > From 2012 to 2017, the number of drug overdose deaths in Georgia increased by 55 percent.³²
- > In 2017, there were 1,014 overdose deaths involving opioids in Georgia.³³

RECOMMENDATIONS

- > Support opioid overdose antidotes like Narcan being made available over the counter.
- > Fund opioid therapeutic addiction treatment centers across the state to address the epidemic.
- > Fund additional Behavioral Health Crisis Centers across the state.
- > Fund services and supports for people with co-occurring mental health and substance abuse conditions, who often face barriers to treatment for dual diagnosis.



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

- > Lack of safe and affordable housing with adequate supportive services is one of the most significant barriers to independent living for people with serious mental illness. Without housing and support services, too many cycle in and out of homelessness, incarceration, shelters, emergency departments, and hospitalization—or remain institutionalized.
- > Georgia’s Department of Justice Settlement continues to focus on the importance of 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 with supportive services.

RECOMMENDATIONS

- > Protect the Department of Housing and Urban Development (HUD) and oppose any cuts to HUD program.
- > Support the following findings of the Georgia State Senate Homeless Committee:
 - Increase funding for supported housing placements for Georgia Housing Voucher Program participants
 - Leverage state funds by accessing federal Medicaid funds to support individuals who are currently homeless or at risk of homelessness.
 - Increase state funding to the State Housing Trust Fund for the Homelessness (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.
- 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 to serve as a clearinghouse of best practices, information, and resources that supports developing and sustaining local re-entry case planning collaboratives in every county.
- Increase state funding for private and/or nonprofit homeless shelters to provide increased educational and psychosocial supports for homeless youth.



SUPPORT FAMILY CAREGIVERS OF PEOPLE WITH MENTAL HEALTH CONCERNS

TALKING POINTS

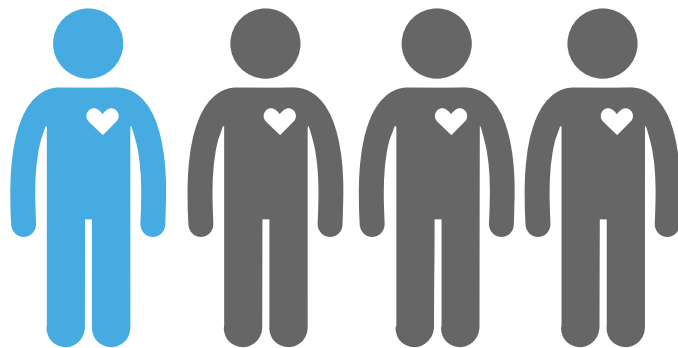
- > More than 8.4 million Americans, including family members of veterans, provide care to an adult relative living with mental health concerns.³⁴
- > With national shortages of mental health services, the role of caregiver often falls on families—with little or no support or training.
- > Almost 75 percent of caregivers experience a high level of emotional stress and 2-in-3 are in poor or fair health.³⁵
- > Among military family caregivers, nearly 40 percent have major depression, more than 4 times the general population.³⁶
- > Family caregivers typically provide financial and emotional support, manage medications, search for mental

health services, make appointments, prepare meals, shop, arrange transportation, complete paperwork, and respond to crises.

- > Mental health family caregivers devote an average of 32 hours a week to caregiving,³⁷ about 8 hours a week more than caregivers of people with other chronic conditions.
- > 1 in 4 family caregivers of adults with a mental health concern reports financial strain.³⁸

RECOMMENDATIONS

- > Protect DBHDD funding of organizations whose volunteers educate and support Georgians affected by mental health conditions and their families.
- > Continue funding the education of teachers across the state of Georgia to recognize the signs of mental illness through the innovative program, SIGNALS.



1 IN 4 FAMILY CAREGIVERS OF ADULTS WITH MENTAL HEALTH CONCERNS REPORT FINANCIAL STRAIN.

ENDNOTES

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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
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Georgia Council on Substance Abuse

Georgia Council on Substance Abuse
<https://gasubstanceabuse.org>



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