

THE PIPELINE

SINCE 1991

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2022 EVENTS

GMHCN Board Meetings

July 19
September 26
November 17

Peer Support IOI Online

July 25
August 11

2022 Certified Peer Specialist Trainings

Training 84 In-Person
August 1-11

Training 85 In-Person
October 10-20

Training 86 In-Person
December 5-15

Southeast Mental Health Technology Transfer Center Perspectives on Mental Health Crisis Part Four: Building Resilience
June 16

Georgia Peer Support Institute (online)
June 27 & 28
June 29 & 30

Ready4Reentry Forensic Peer Mentor Training
September 12-16
November 14-18

7th Annual Ken Whiddon Memorial Golf Tournament
October 30

2023 EVENTS

Addiction Recovery Awareness Day

January 2023
Freight Depot

Mental Health Day at the Capitol

January 2023
Freight Depot

MENTAL HEALTH PARITY IS THE LAW IN GEORGIA WHEN WILL IT BE THE REALITY IN GEORGIA?

When Governor Kemp signed House Bill 1013 into law on April 4th, the symbolic impact was profound: After a generation of apathetic leadership at the capitol, an effort was being made to attempt to improve Georgia's public behavioral health system and the rules that govern private insurers in the state. However, the impact was almost all symbolic. Practically speaking, nothing has changed at all for Georgians. There have been no public unveilings of plans for new behavioral health initiatives, no advertising campaigns to entice behavioral health providers to the state, or announcements of any new opportunities for anyone providing or receiving behavioral health services in the state, and nor will there be any time in the foreseeable future. That is not to say there will not be changes and growth in the system, just that those changes were already planned in the normal course of business for the state. State agencies and organizations that interact with them are certainly retooling, rethinking, and remapping the future, but because of Georgia's unique legislative calendar, it will probably take well past the frequently mentioned "three-to-five years" of supplemental behavioral health legislation to fine-tune legislative goals with operational reality.

Imagine that Georgia lawmakers, in an effort to enhance public safety, passed speed limit laws for the first time, and in the legislation they created a single position at a state agency to develop a plan to identify people who speed in Georgia and to collect fines from them. Now imagine that in the legislation legislators did not include rules and guidelines such as what the speed limits or fines would be, what would happen if fines weren't paid, who was exempt, &etc.. That is essentially where we are with parity at this moment. Mental health parity is the law in Georgia, but the legislation enacted this spring is more of a framework to determine the broad outlines of the future of behavioral health in Georgia. The legislation passed over the next few years will determine what change is really made: The legislation this year just made real change possible. Until then, based on what has happened in other states, there is no reason to anticipate private companies to follow laws that are not—and practically speaking, cannot—be enforced.

We have learned a lot from other states where mental health parity has been addressed in a meaningful way, and the states with the best parity laws and practices are generally those with historically strong consumer protection infrastructure, such as California and New York. How Georgia—with its mixed bag of historical consumer protection and strong pro-business leanings—will ultimately emerge is anyone's guess at this point.

And yet, the passage of H.B. 1013 was an incredibly important move forward not just because of what the bill contained, but because of the testimony and public declarations that came before the passage of the legislation. Georgia's political leaders frankly acknowledged the inadequacy of Georgia's behavioral health system—both public and private—and spoke truths aloud that would have been considered radical even a year ago. Those words cannot be unsaid now, and thanks to the blanket media coverage, nearly every Georgian who even glances at a newspaper occasionally knows that Georgia must do something.

What will that something be? Several oversight/watchdog groups are forming to ensure the state is called to task if it deviates from the Herculean task set before it, but at least for now, GMHCN is keeping its focus on the legislation coming down the road. "The devil is in the details, and he has plenty of places to hide in this legislation," said Sherry Jenkins Tucker, when asked why her focus remains on legislation. "And we are the consumer network, after all. When things are not going the way they should, particularly for Georgians relying on the public safety net, we are the first to hear, and we have been for thirty years."



The Georgia Peer Policy Collective is being established to serve multiple functions necessitated by the scope and scale of Georgia House Bill 1013, also known as the Mental Health Parity Act. A blue ribbon panel is being formed to guide the establishment of the group, which will serve in an advisory capacity on state policy matters to GMHCN. This group, which will include at least one representative and/or alternate from each of Georgia's six regions, will not be expected to participate in any direct advocacy activities. Their role will be to get knee deep in Georgia's mental health legislative issues and act as conduits of information back and forth from their communities to those who are in direct contact with legislators and policy leaders. There are two main areas where GMHCN sees opportunity for improvement in its advocacy work

The first function we hope the Georgia Peer Policy Collective will perform is the more timely inclusion of the peer voice in the Network's advocacy efforts during legislative session. The emergence of multiple complex pieces of mental health legislation being considered and frequently amended simultaneously and/or in real time has changed what we need to be able to effectively represent the mental health recovery community. For three decades we collected the priorities of our members at our annual conference, and used that data effectively, along with other inputs such as outcomes of listening sessions, to represent the peer perspective in legislative matters. That has changed now with the volume and complexity of the mental health legislation being designed to completely reinvent most every administrative aspect of behavioral healthcare in Georgia. GMHCN needs to be able to respond more nimbly when quick-moving pieces of legislation or changes to them are introduced at the Capitol. Because our policy views are formed by our membership—and not dictated to them—it is imperative for us to be able to access the views of our members in real time (or something very close to it). When things appear from out of left field, like this year when mobile crisis teams were provided the authority to involuntarily hospitalize citizens on the street in the final House version of the Mental Health Parity Act [this was eliminated before passage]. While we were very confident our members would not want us supporting that particular piece of legislation, we had also never asked them specifically about mobile crisis teams having the ability to 10-13 people.

The second function we hope the Georgia Peer Policy Collective will perform is to serve as a clearinghouse for those many people and organizations who came out so strongly in support of mental health this year, identifying themselves as our ally, while supporting legislation intended to make it easier to lock us up, put our names in police registries, and all sorts of unpleasant things most people would guess were planned for us by our worst enemy. When you support people locking me away, coercing me into treatment, or otherwise acting against my personal goals, hopes, and aspirations, you are not in fact my ally. But what about when a person or organization proclaims this publicly? And loudly? And repeatedly? We believe there should be a core set of principles or values that people identifying themselves as allies or supporters of the mental health recovery community must adhere to. For instance, people who publicly support coercive treatments might find their way onto the "not an ally" list, which would be public, hopefully contain some rationale or scorecard, and a path towards becoming recognized as an ally.

If you are interested in joining the steering committee establishing the organizational structure of the Georgia Peer Policy Collective, or in becoming a member of the Georgia Peer Policy Collective, please visit GMHCN.org

CENTER FOR DIVERSION AND SERVICES MOVING FORWARD

GMHCN recently joined the City of Atlanta, Fulton County and other stakeholders at the site of the Center for Diversion and Services, a new joint initiative of the city and county to provide alternatives to incarceration for people experiencing behavioral health concerns. To be located in an unused space in the Atlanta City Detention Center, the realization of the Center is "nothing short of a miracle," said Sherry Jenkins Tucker, GMHCN's executive director, who chairs the Center's vision committee, adding "So many little things can just end a project with this many moving pieces. We are grateful for the commitment everyone on this team has to making certain the Center becomes a reality." The Center is scheduled to open spring 2023.

Pictured, left to right: Fred Hoffman, Fulton County; Denise White, PAD; Clara Green, PAD; Ben Cajarty, City of Atlanta; Marci Tribble, Grady Health; Chris Johnson, GMHCN; Moki Macias, PAD Atlanta; Robert Witherspoon, City of Atlanta; Lt. Michael Holmes, City of Atlanta; Jude Wessels, Gresham Smith



THE PATH TO WELLNESS

How we got to where we are, in our own words.

What challenges were you facing before you discovered peer support?

For 14 years of my life I was stuck in a revolving door of trauma, loss, addiction, lies and mental health challenges. I would try to get sober in programs, jails, institutions, and court systems. I struggled with the questions that hit hard. *What is wrong with me? Why can I not just get this right? Why am I my disease?* I felt for 14 years that no one was like me and I was alone in suffering and that no one would ever feel the way I felt or have the thoughts that I had.

What helped you move forward?

In 2016 I went yet again into another inpatient program. One night we went to a meeting and I heard a lady speak about herself with complete transparency. She was bold, confident and kind. The experience and hope that came through her was inspiring. It was raw and honest not sugar coated. When I spoke, my voice was heard. I learned from this woman that all voices mattered. I immersed myself in this life that she called Recovery. I learned about peer support. That there are people out there who knew exactly what I was going through and could relate and that I mattered. This lady held my hand and taught me about recovery, business, balance, kindness, openness, as well as teaching me that just because something is different does not mean it's wrong. I learned what the support of a recovery community can do!!! Not just for me but for my children! I found the missing link. It was RECOVERY and support from my peers.

What is life like for you now?

Today I get the honor of having 6 years in recovery on 06/29/2022. I am a wife, a mother to my three children, a homeowner, and I am strong in my faith with Jesus Christ. I am the Executive Director of the Non-Profit Recovery Community Organization. The same organization that was founded by the lady that believed in me and saw in me what I could not see in myself. I am a soccer mom and a t-ball mom. I pay taxes and I am a productive member of society. I am a CPS-AD, CPS-MH, and a Forensic Peer Mentor. I am honored to get to serve my community and offer the hope and help in healing every day! I get to be active in my Church and I SHOW UP.

What keeps you hopeful?

Waking up every day to this abundant life is what keeps me hopeful. Working with peers to find their pathway to recovery and watching them discover the freedom we as peers can have. Not just physical freedom but mental, emotional and spiritual freedom. Getting to share with everyone that they are ENOUGH.



Catherine Lovvorn

CPS-AD, CPS-MH,
Forensic Peer Mentor

PEER RECOVERY AND RESPITE CENTER OF AUGUSTA

The Georgia Mental Health Consumer Network is pleased to announce that the Peer Recovery and Respite Center of Augusta is nearing completion, and should be able to begin providing onsite peer support, wellness activities, and respite in the very near future.

This Center is unique among Georgia's Peer Support, Recovery, Wellness, and Respite Centers, as the Center is housed in two separate buildings: In the Wellness Building, daily wellness and recovery activities will take place, and Center staff will have their administrative space, while the Respite Building will be an entirely home-like environment accessible only to respite guests and staff.

The Respite Building has four bedrooms (one accessible bedroom downstairs and three bedrooms upstairs). There are two additional buildings on the small campus, one of which will house allied organizations, and another planned to be rented out to supplement the high costs of renovating the donated facility.

Coming soon!

Online Wellness Every Day
@Georgia's Peer Support,
Wellness, and Respite Centers



ZOOM meeting ID
341-153-3354

Dial-In Number
646-558-8656

NEW ACTIVITIES ADDED WEEKLY
NEW FACILITATORS EACH WEEK
SEVEN DAYS A WEEK
SCHEDULE ONLINE AT GMHCN.ORG

Peer Support Over the Phone 24/7
at 888.945.1414 and online at

www.peer2peer.center

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A note from Sherry

Most of us of a certain age are familiar with the Chinese curse about living in interesting times. However, most of us are unfamiliar with how that curse became so widely known in American culture. It is thanks to Robert F. Kennedy's speech at Jonestown, South Africa in 1966, when he is quoted as saying: "There is a Chinese curse which says 'May he live in interesting times.' Like it or not, we live in interesting times. They are times of danger and uncertainty; but they are also the most creative of any time in the history of mankind. And everyone here will ultimately be judged - will ultimately judge himself - on the effort he has contributed to building a new world society and the extent to which his ideals and goals have shaped that effort."

The layers of "problem" embedded in this quotation would likely have never been knowable in 1966. For instance, who could have discovered (without the internet or the New York Public Library) that there is, in fact, no such Chinese curse (or similar ancient curse in another language or culture). And while the phrase may be historic-sounding in some way, it is more modern than electricity. Its first known appearance in print (as far as we know) was in 1939, and it is attributed to American politician, Frederic R. Coudert.

I was reminded of this misattribution during the recent legislative session, as I heard things being said about and attributed to GMHCN. I heard repeated on multiple occasions that GMHCN "supports Assisted Outpatient Treatment." This is simply not true—GMHCN has never supported AOT or any coercive treatment. GMHCN has provided technical assistance to the State of Georgia in its AOT Enhancement project to make it as recovery-oriented and person-centered as possible, but we would prefer to eliminate AOT entirely. Improving something is not supporting it, it is changing it. I encourage all of our members to reach out anytime they hear anything about us that doesn't sound like us, particularly anything that sounds like it might have come through a politician. Or lobbyist. Or two.

