#### 2020 GEORGIA EVENTS

#### **GMHCN Board Meetings**

Face-to-Face Macon, January I3 Macon, May I8 St. Simons Island, August I7 November 7-8

Conference Call March 9 July 13

Board Retreat November 5-6

## Certified Peer Specialist Trainings

2020 Trainings Macon, Feb. 3-13 Augusta, May II, 2I Cordele, July 13-23 Columbus, Sep. 2I-Oct. I Atlanta, Dec. 7-17

Certified Peer Specialist CEU Forum Macon, April 15

Whole Health Action Management Duluth, April 22-23

Georgia Peer Support Institutes Helen, May 5-7

Mental Health Day at the Capitol Atlanta, February 7

Georgia Parent Support Network Mardi Gras Ball, Atlanta February 25

5th Annual Ken Whiddon Memorial Golf Tournament Jekyll Island Golf Club May 2

GMHCN 29th Annual Summer Conference St. Simons Island August 18-20

Holiday Celebrations throughout the year at Georgia's Peer Support, Wellness and Respite Centers statewide Visit gmhcn.org for times and locations

# MENTAL HEALTH DAY AT THE CAPITOL

MORE IMPORTANT NOW THAN EVER

There are two things happening in Georgia right now that should be of significant interest to Georgia's behavioral health recovery community. The first, state budget cuts, are having an immediate impact on the delivery of supports and services received by the mental health and substance use recovery communities. The second, the newly-formed Georgia Mental Health Reform and Innovation Commission, has the potential to impact the delivery of behavioral health services for many years to come.

First, as reported by *The Atlanta Journal-Constitution* on August 6, 2020, "The governor is asking agencies to find efficiencies in their organizations and submit budget reduction proposals for amended FY2020 (which ends June 30) of four percent and FY2021 of six percent," and "State agencies were told to expect to get 4% less to spend in their monthly allocations as of Oct. 1." This includes the Department of Behavioral Health and Developmental Disabilities (DBHDD), which is the lifeblood of behavioral health services in Georgia. The funding that comes through DBHDD provides support for every city and county in Georgia, so every community is or will be impacted directly and/or indirectly. From crisis stabilization units to community supports, DBHDD *is* Georgia's safety net. When people without private insurance need support, DBHDD is there for them. Much of the funding DBHDD provides to Georgia's communities may not always be directly recognizable: Georgia's Peer Support, Wellness, and Respite Centers, for instance, are community-based, and are run and led by peers in recovery, but the funding for them comes through DBHDD. Georgia has made great strides in behavioral health supports over the past 20 years, thanks in part to DBHDD leadership that is responsive to the voice of peers and communities. But without proper funding, DBHDD's vision for a Recovery-Oriented System of Care cannot be realized.

Second, in May of this year, Georgia Governor Brian Kemp signed into law House Bill 514, which was enacted "To review the conditions, needs, issues, and problems related to behavioral health issues in this state and to recommend any action, including proposed changes to rules, regulations, policies, and programs, and proposed legislation which the commission deems necessary or appropriate; [and] To evaluate and consider the best practices, experiences, and results of legislation in other states with regard to the behavioral health system with respect to both children and adults..." according to the text of the legislation, which can be read in full on the website of the legislature. The stated goals of the legislation are laudable. In Governor Kemp's press release notifying the public of the members of the Commission, Speaker Ralston is quoted as saying "I know that this distinguished group of legislators and citizens will work together to improve service delivery throughout our behavioral health system." Unfortunately, none of Georgia's behavioral health peers were required as part of the Commission legislation. Behavioral health advocates, and a variety of stakeholders—including judges, law enforcement, and clinicians—were required to be included on the Commission. GMHCN has always advocated for "Nothing about us without us," and we want to make certain that the voice of mental health recovery has an impact on this Commission, which has the potential to make sweeping changes to how and what services are provided to Georgians.

That is why Mental Health Day on February 7, 2020 is perhaps the most important advocacy event to happen in a generation. It is more critical now than ever for Georgia's peers and allies to join together at the state capitol to share our concerns. And, it is important to make certain that our state legislators and local leaders understand the short-term and long-term impacts that decisions being made in Atlanta right now will have for Georgians for years to come. According to Sherry Jenkins Tucker, GMHCN's executive director, "It is important for us to be able to explain to our families, neighbors, faith leaders, educators, and elected officials how important these two separate things are, and the impact they are having right now and may have into the future. We remain hopeful that the Governor and the Commission will recognize the importance of peer recovery and wellness supports in Georgia's communities. We come from a place of gratitude for all of the progress that has been made in Georgia, and our enormous gratitude is a reflection of how critical it is that Georgia remain on track to continue improving wellness and recovery resources for all its citizens."

NOTHING ABOUT US WITHOUT US

## RECOVERY COMMUNITY ORGANIZATIONS

The Georgia Mental Health Consumer Network is pleased to have been a part of one of the most successful Georgia community behavioral health initiatives in recent years—the Recovery Community Organization (RCO) Development Project. Spearheaded by the Georgia Council on Substance Abuse (GCSA) under the leadership of Neil Campbell, GCSA's Executive Director, the project has been instrumental not just in the development of brick-and-mortar buildings where people can go for recovery support, but also in changing the dialogue across the state about what recovery means, and what quality recovery support looks like.

At listening sessions, symposiums, and trainings across the state since the inception of the project in 2014, Georgians have learned that there is more than one pathway to recovery, that there is action community allies can take to support recovery, and that both substance use and mental health recovery and wellness resources are necessary for a robust recovery community to exist.

When the RCO Development Project began, there were no RCOs in Georgia. Today there are 25 RCOs and Addiction Recovery Support Centers (ARSC), a Georgia model of community support centers funded by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD). Both RCOs and ARSCs are peer-led programs that offer voluntary, community-based, non-clinical activities to support individuals and families on their journeys in recovery from substance use disorders. A hallmark of both RCOs and ARSCs is self-directed support that includes multiple pathways to recovery. According to Nick Estabrook, Addictive Diseases Recovery Specialist with DBHDD, "The RCO Development Project has and continues to embody the spirit of grassroots organizing and empowerment of local communities of recovery by lifting up what's working to support those communities."

The inclusion of the mental health recovery community in this project was a natural and obvious fit, according to Sherry Jenkins Tucker, GMHCN's Executive Director, who said "Since GMHCN began, we have recognized that the complex relationship between substance use disorder and other mental health concerns requires recognition and special attention. When care for either is neglected, too frequently both will suffer. We are very fortunate in Georgia that GMHCN and GCSA are able to work collaboratively for Georgia's peer community to build resources that are responsive to individual and community needs. The RCO Development Project is just one example of that great work."

While the RCO Development Project is widely recognized as successful simply by its numbers, Brian Kite, GCSA's RCO Development Project Coordinator, has a different measure of success. According to Brian, he looks at each community individually, and considers an RCO to be a success "When there is not a question of who in a community to call for support for people in or seeking recovery."

The growth of RCOs has provided the RCO Development Project team the opportunity to greatly expand its focus from introducing the concept of RCOs to Georgia's communities. According to Emily Ribblett, GCSA Project Director - Building Communities of Recovery, "We are continuing to support communities in the development of new RCO's, as well as providing support for existing RCOs and ARSCs. As the RCO community in Georgia has evolved, so has its needs, and we are responding to those."

Part of that ongoing support is building and sharing a knowledge base for Georgia's communities. According to Gene Conroy, GCSA's Director of Development, "We are at a point where we are developing communities of learning and best practices that other communities can learn and build from." The transfer of knowledge, skills, and lived experience from one community to another empowers communities to support one another, and the RCO Development Project helps facilitate these connections.

It is not only the communities who are learning through this process. When asked what she enjoys most about working with the RCO Development Project team, Pam Brooks-Crump, GMHCN's liaison for the project, said "I'm just always amazed at the diversity of community resources and number of people who consistently show up. We learn something everywhere we go. Seeing these communities coming together to support people in recovery, and learning about everything that is going on in Georgia is just amazing. This is truly important work, and I'm honored to be a part of it."

# 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?

In 2017 I had been working at a grocery store as a florist for three years. I had been several years without using drugs or alcohol. I also had gone several years without being hospitalized for mental health reasons. I knew I had changed my life and learned to live in a way that was meaningful and practical with my diagnosis while abstaining from substance use. However, I did not really recognize what I had achieved. I did not have a sense of community in my recovery. Although I had a support system for my recovery I had very few people around me with lived experience of what I had been through.



Vera Fuertes Molina, CPS, CPS-AD

#### What helped you move forward?

I was referred to the GMHCN by a Mental Health Advocate. I applied for the Certified Peer Specialist training and couldn't believe I was accepted. I will never forget that phone call! It was during the CPS training I attended in October of 2017 that I learned and understood that the changes I had made in my life qualified as recovery. The CPS training changed the way I saw the world and myself. I understood that there is recovery for mental health. I began meeting other people with similar lived experiences to mine and hearing their stories gave me so much power and inspiration. I was no longer alone in my recovery.

#### What is life like for you now?

I thank God for my life every day. I never knew my life could be so fulfilling. I am currently working as a Peer Support Specialist and I am continuing to sustain my recovery through roller skating and dance. Recently I graduated from the Respect Institute and I have been able to go out into the community and share my story. I enjoy meeting other people living in recovery and listening as they share their story with me as well. I am a mother of a nine year old girl and I am so happy that I am able to be my best version of myself and that includes being fully present as a mother for her. Today I know I have support if I am feeling overwhelmed or nearing a crisis. I've never had a support system like the community I have found through peer support and I am so thankful for that.

#### What keeps you hopeful?

What keeps me hopeful is looking back on how far I've come. I remain so full of hope because I know it's a privilege just to survive, and an honor to be a Peer Specialist. It also keeps me hopeful to see Peer Support Organizations continue to grow and reach more people. I love everything that's happening in the Peer Workforce right now and I'm excited to see what's next.

### 28TH ANNUAL SUMMER CONFERNCE HIGHLIGHTS

Lots of wonderful things happen each year at GMHCN's Annual Summer Conference, but among the most anticipated are the announcements of the awards that recognize extraordinary service to Georgia's peer community, and the announcement of the Top Five Priorities, voted on by Georgia's peers, that will inform the work of GMHCN and other agencies throughout the state over the next twelve months. Thanks to everyone for your service!

#### 2019-2020 Priorities

- 1. Affordable, accessible, supported housing
- 2. Increased wages for Certified Peer Specialists
- 3. Access to affordable medical, dental, eye care, and medication
- 4. Employment and supported employment
- 5. Greater access to behavioral health services for people who are homeless

#### 2019 Award Winners

Humanitarian of the Year James Bucko, MS, CPS-MH, WHWC

Peer Support Program of the Year Aspire BHDD, Albany, GA

Charles Willis CPS of the Year Gena Garner, CPS-MH, CPS-AD, WHWC

Delois Scott Peer of the Year Craig S. Burnes, CPS-MH

Ben Achord Peer Supporter of the Year Mary Shuman, CPS-MH





# A note from Sherry

The arrival of fall means that we are in yet another season, and it is easy to look at the current budget cuts being realized across Georgia's public service communities as just another season which we will live through. After all, many of us who have been doing this work for many years have seen periods of expansion and retraction, and we are still here. We must remember, however, that all of us are not still here. Each time we go through a retraction, not only do some valuable programs disappear forever, others that have been in development are never realized; and, even more importantly, people who had chosen to work in public service for less pay give up and go to work in the private sector. That loss of talent, experience, and institutional memory takes years to rebuild, if indeed it ever can be rebuilt.

The idea that Georgia can provide the same level of behavioral health services with less funding is not realistic, and the outcome of budget cuts for behavioral health are almost certain: More people incarcerated and hospitalized, more families separated, and more grief and loss in communities. Georgia already spends far less per capita for behavioral health services than all but a few states, and about half the national average. We should be doing more, not lot less, to invest in Georgia's future.



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