

## SAME PATH, NEW MAP

The first of July marks the start of the State of Georgia's fiscal year, and with it the cyclical, standard renewal process for GMHCN's contracts with the Department of Behavioral Health and Developmental Disabilities. These are usually performed as a matter of course, with few if any changes, and most of those reflecting minor updates to state law or department policy, and having very little to do with the actual work performed by GMHCN. This year is different.

This year will see changes to many of our programs and overall programming, the realization of years of planning in some cases, and rapid response to urgent staffing situations (of GMHCN and other providers) in others.

Nowhere will that be more visible than in the Georgia's CPS Project Training, where changes have been in the works to update the training for several years. And while the 2024 CPS Project Training contract has not yet been signed, it is likely to include modifications that will allow for a one week training seven times a year with a streamlined curriculum more aligned with current national standards, a plan for a practicum requirement for initial certification, and quarterly gatherings of CPS-MH led by peer support and recovery leaders from outside the organization. Separately, plans are in the works for new Georgia CPS Project trainings in Spanish (developed professionally at no cost to Georgia taxpayers), and for people who are deaf and hard of hearing. Details on these and other program changes will be announced soon here and online.



To mark the change in curriculum, the CPS Project released its updated logo (left, top), which uses a crisp, clean, linear typeface utilized to reflect the streamlined, more efficient CPS Project Training that still speaks to GMHCN's embrace of healing self-expression, and to younger and international populations



## DIRECTIONS FOR DIRECTIVES

*Special to The Pipeline by Lauren Lang, Emory University and Sadie Boonin, Agnes Scott College*

Peer attendees at recent Psychiatric Advance Directive (PAD) workshops reported out feeling empowered, enlightened, and surprised at how much influence over their future they might have with an executed PAD. The workshops, held at Dekalb CSB, the Policing Alternatives and Diversion Initiative of Atlanta/Fulton County, a NAMI-Cobb Educational meeting, and Gwinnett County Sheriff's Office Community Mental Health Awareness Fair, the Georgia Advocacy office, and at the NAMI Northside Mental Health Fair.

Psychiatric advance directives (PADs) are an exciting recent addition to Georgia legislation. Like medical advance directives, psychiatric advance directives allow us to state our preferences for treatment and set boundaries about what we would not like if one day we are not afforded a voice. These become active if we are found to not be able to consent for ourselves, perhaps in an inpatient treatment facility or if we are found by a court to need a legal guardian or conservator. PADs give us a means to protect the autonomy of people living with mental health concerns. At the end of the day, we should always have a say in our care, such as who our provider is, where we are, and what medications we receive. PADs allow us to state our wishes so experiences at inpatient facilities may be as comfortable and successful as possible.

Despite the incredible opportunity PADs give us in speaking up and forming a partnership with our providers, it can be very difficult to understand all the nuances to a legal document, and to complete one on our own when we are also managing our mental health. There is immense power in education and having full knowledge and consent behind the documents we create and sign. To make filling out a PAD a manageable and person-centered event, the Atlanta Behavioral Health Advocates (ABHA) have partnered with a number of organizations to create workshops to fully educate and assist individuals in completing their own PADs. ABHA hosts workshops for walk-ins as well as workshops with various organizations specifically geared towards their clients.

Attendance is always free, as ABHA hopes to foster an accessible environment to provide people with the resources they need. There is never any pressure to complete a PAD. ABHA hopes people will use the information provided to make the right decision for them and their care.

One workshop participant reported that "Initially, I wanted to create my own PAD, but the workshop made it a reality by providing extremely helpful guidance and support, which made the process of filling out my own PAD way easier than I could have done by myself."

If you are interested in attending a workshop or having your organization partner with ABHA to create a workshop (online or in person, anywhere in Georgia), please feel free to contact Lauren Lang at [lauren.lang@emory.edu](mailto:lauren.lang@emory.edu) for more information.

### Psychiatric Advance Directive Workshops Are:

- Free
- Peer-Centered
- Available to groups around the state
- Provided by trained volunteers
- An empowering skill-building activity for peers





## WHO IS HEALED? WHO IS HOUSED?



In February 1991, among the worst months in the AIDS crisis in America, artist Barbara Kruger created a piece for the cover of ArtForum magazine. It featured a group of four differently-styled clocks set at the same time, in black and white, with Kruger's customary Futura font spelling out the questions "WHO IS HEALED? WHO IS HOUSED?" Kruger did not provide answers, but challenged her audience to consider not only who, but also *Why?* and *How?* She has continued to restate her questions in various ways over the years, notably in a 28' x 50' mural in Los Angeles created in 2020 that asked "Who is housed when money talks?" Kruger's persistence in drawing attention to the housing crisis in America is mirrored here at the Georgia Mental Health Consumer Network, where housing has been in the top priorities voted on by Georgia's mental health recovery community since the very first priority vote at the first state conference back in 1992. We have been vocal, we have been persistent, and we have been present in public discourse on the topic, but the problem of housing for people living with mental health concerns in Georgia has over the past three decades—and notably since the onset of the pandemic—become more daunting, the gap between those who have housing and those who do not becoming ever-wider. People who once considered themselves safe in the comfortable confines of the American middle class find themselves facing housing insecurity and worse, adding not just to the rolls of those who are homeless, but also those experiencing mental health challenges for the first time in communities with precious few behavioral health resources to spare. The intractable problem of housing for Georgia's mental health recovery community has seemed at times Titanic in both the classic sense (large) and the contemporary sense (doomed).

Until now. Over the course of the past few years, new voices have emerged, armed with data and passion for their work, and working collaboratively not just to find solutions, but to fund them, and perhaps most importantly of all, to get the housing conversation going again, to pull together the many stakeholders who have much to gain or lose in any future solutions to the football field full of hornet's nests we refer to as a "housing crisis." Just as most Georgians were not aware of Georgia's rankings relative to other states in the provision of behavioral health services prior to 2022, so too most Georgians are unaware of the dire difficulty many Georgians face finding housing of any sort, anywhere—especially those with mental health challenges and/or a justice-involved background.

Maxwell Ruppensburg (Georgia Department of Behavioral Health and Developmental Disabilities), Mariel Risner Sivley (St. Vincent DePaul Georgia/Georgia Supportive Housing Association), and Laura Colbert (Georgians for a Healthy Future) are among the strongest of the many voices seeking to identify practicable solutions. They have revitalized interest across the state—including at the Capitol—as well as inspired hope among many for the first time that together we as everyday Georgians can make a difference for those in need of safe, affordable, appropriate housing. The group is knowledgeable of but not disheartened by previous runs at "solving the housing crisis." They are grounded in history, but are building the foundation of this new effort on data, and—importantly—they are including the voice of the peer.

That is why GMHCN is announcing the formation of a new Peer Housing Working Group: to ensure the voices of peers from Georgia's many diverse communities and housing markets are represented in these important conversations as they continue and move into new spaces, as according to Chris Johnson, Interim Executive Director and Chief of Communications, "Housing has always been a priority for GMHCN, but not an especially practical or actionable one. It wasn't the size of the problem as much as the number of seemingly impossible challenges, most outside the scope of knowledge of any behavioral health provider, including peers. Maxwell and his data team at DBHDD have a way of making the data accessible, and as we are beginning to understand and explain the challenges to others, the more hopeful we feel about possibly, one day, being able to be a small part of solving at least some of these decades-old problems."

Johnson said that any Georgia peer with a special interest in housing, or peer housing specifically, should consider applying to volunteer to be a part of the Peer Housing Working Group, which will begin meeting monthly online in September, because "every community faces unique housing challenges, and while the data tells us a lot, we know it never tells the local part or human part of the story, and we need to know that, too, if we are going to be part of a lasting solution for Georgia's communities." [Email info@gmhcn.org](mailto:info@gmhcn.org) to receive information on joining the working group.



Melissa Kazakides, CPS-MH, WHWC  
Advocacy Engagement Coordinator, Georgia Peer Policy Collective

#### **WHAT CHALLENGES WERE YOU FACING BEFORE YOU DISCOVERED PEER SUPPORT?**

I've always felt like I was searching for something, something that didn't exist in the world. People or a place I could just "be" without fear of constant judgment or stigma about the issues I was always up against. I was actively seeking clinical treatment for years for my mental health concerns and chronic substance use. I had begun losing hope because, as a compliant patient, I tried everything and put my all into any and everything offered to me. I wasn't living, I wasn't dead. I was merely existing in treatment centers, jails, and I had nowhere left. That tiny spark deep within kept telling me, there had to be more than this, I just didn't have the answer, and never found it on my own.

#### **WHAT HELPED YOU MOVE FORWARD?**

The only active role I took in my life was in trying to end my existence, calling myself a failure, even at that. If the wind blew, that was the direction I went in, no effort on my part. I fully accepted my fate as leaving this earth as an addict who couldn't "get it" and a failure as a human. I believe that all my experiences happened for a reason and accumulated to that one juncture in life where I knew I found myself at a place where my life was about to change, though at that time, I had no resistance or compliance. I just "did" based on current circumstances. My family had washed their hands of me, and I had to make a choice to continue long-term treatment for mental health & substance use in Georgia, 1,000 miles away from home. Fast forward 18 months. My mind and body were healthier. I learned to participate in life, making choices for myself at age 36. My roommate was a CPS and told me about the Peer Support & Respite Center in Moultrie, Ga. where recovery was front and center not to mention the supportive, empowering & never-give-up attitude of the staff. For the first time, I was treated with respect & dignity. I was wrapped in it. It's one of those moments I'll never forget because I knew, this is what I had been looking for. They believed in me, held hope for me, and saw me as a human being, as an equal, something even those that loved me back home couldn't do anymore. With their constant encouragement and support and encouragement, I filled out the application to become a Certified Peer Specialist in 2017 and haven't looked back.

#### **WHAT IS LIFE LIKE FOR YOU NOW?**

Life today is different, in a good way. I am productive as a CPS and an advocate. I reflect each day on whether I had meaningful interactions and if my experiences are moving toward a greater good. I love to support peers, always remembering my thoughts & feelings in my darkest space. Where I came from has an immense impact on my perspective of everyday life. I am extremely self-aware, so based on my emotions and thoughts, I have to step back and ask myself if I am looking through a lens not muddied with fear, loneliness, judgement, etc. Through being a CPS, I've had many unique opportunities where I've learned so much about myself and the community. I love to serve, and I feel that my purpose is being fulfilled every time I put my best effort forward to create a better place to live (not exist) for peers. My work with the Georgia Peer Policy Collective has been one of the most rewarding experiences of my life. I'm getting to make a difference in the world. I can see not only the impact, but the potential for me, for GPPC, and the whole mental health recovery community.

#### **WHAT KEEPS YOU HOPEFUL?**

I could answer this all day long. Every blade of living grass, every act of human kindness, every time someone gets a second chance, every time I know and feel the universe is completely in sync and I'm right where I need to be... For me, it comes down to my faith. I have complete and utter faith that, no matter what, things will work out. Everything will be alright. Not saying there won't be situations that are difficult to deal with, or challenges that interfere with everyday life, or that uncontrollable events won't happen. They will happen and it can be really uncomfortable, and that's true for most everyone. However, I know when they do—I'm going to come out on the other side better equipped to deal with the next situation—no matter if it takes a minute or ten years to get there. No matter what, I just put one foot in front of the other and go forward. There's no other way for me.



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E. Joseph Sanders, President Chris Johnson, Interim Executive Director and Pipeline Editor

## FROM THE DIRECTOR'S OFFICE

Today is July 11, 2023, a year since Sherry Jenkins Tucker, my predecessor in this role, and my friend, died. I waited until this day to write this, and to send this issue of The Pipeline out, as a final nod to Sherry and her steadfast (bordering on tedious at times) pursuit of order, propriety, and closure. It is a beautiful day in the nation's capitol, where I gathered with the other 29 members of a newly reconstituted National Council on Mental Health Recovery. Our new focus—national legislation that advances the peer recovery movement—would have been mightily pleasing to Sherry.

And yet, the era of Sherry Jenkins Tucker will soon come to an end. Neither Roz Hayes nor myself—the last two members of management from the Sherry era to remain—applied for Sherry's position, though we are the two who knew best her most recent goals, plans, and hopes for the future. We both have our own reasons but ultimately it came down to: *It is time*. And while we cannot know for certain (we aren't on the search committee), we do not believe any former colleagues who have moved on are under consideration to return as director. Whatever the case may be, things are about to change a great deal. And that's a good thing. It is right, and appropriate, and necessary for changes to be realized for GMHCN to thrive under our current conditions, which neither Sherry nor our founders could have dreamed.

One of those changes may be replacing some or all of the management team, which happens sometimes in these situations. We are not anticipating or expecting such an action. I mention it here only so that in such a case, our peer community can be assured that services will continue on. GMHCN will not shut its doors because two or ten or twenty people are shown the door. This year has demonstrated our resilience, and we have worked to ensure sustainable continuity of service. [I hope that when our new Board of Directors is elected this October in elections announced by current President E. Joseph Sanders, that they will make succession, transition, and continuity of service their top priorities.] Things *will* change when a new leader comes on board, with their own goals and priorities, and existing management will be required to accept and adjust and adapt or move on.

Things have already changed a great deal. Over the course of the past year, we have accomplished a lot at GMHCN (beyond keeping the wheels on the bus, which was no small feat in itself, all things considered). With the help of an extraordinary team, including Roz, Dawn Randolph, and Heleen Grossman (our invaluable HR consultant), we have held on to most of GMHCN's (highly valued but largely underpaid) staff, and did so while instituting productivity measures that will allow the new director to come in with a clear understanding of who does what, how much they are paid, where that money comes from, and what safeguards we have in place for it and for us all—which will allow that person to more confidently make necessary changes. Some new policies were required over the past 12 months, some of which were very popular (35 days of Paid Time Off, with no forced holidays—all of which offended at least one person on staff), while others were much less welcome (requiring employees to keep accurate records of the time they work). Among the most popular: The success of the Georgia Peer Policy Collective, formed last summer to give peers a voice at the Capitol, is inspiring peers in other states to action. The change that I am personally most pleased with and proud of, however, is our own Diversity, Equity, and Inclusion initiative. I am constrained from participating (in my current role), but the work is being done, and from everything I have heard it is being done well, and could be the most substantial and lasting change of all we accomplished. We did good.