

# THE PIPELINE

SINCE 1991

VOLUME 2, 2021-2022

## 2022 EVENTS

### GMHCN Board Meetings

January 18  
March 22  
May 17  
July 19

### Addiction Recovery Awareness Day (online) Atlanta, January 25

### Mental Health Day at the Capitol (online)

January 26,

### Peer Support IOI Online

February 14  
April 28  
July 25  
August 11

### 2022 Certified Peer Specialist Trainings

Training 82 Online  
February 7-17

Training 83 Online  
May 2-12

Training 84 In-Person  
August 1-5

Training 85 In-Person  
October 10-14

Training 86 In-Person  
December 5-9

### Ready4Reentry Forensic Peer Mentor Training

March 14-18  
May 23-27

Dates and locations may change as we receive information from public health officials.

More events and training opportunities will be scheduled before the next issue of The Pipeline is published. Please visit [gmhcn.org](http://gmhcn.org) or visit our Facebook page for the latest information.

## GEORGIA'S MILITARY VETERANS FIND PURPOSE FOR THEIR EXPERIENCE



Heather King, CPS-Mental Health

There are few who understand the value of peer support better than our military veterans. From training, through active duty, and into retirement, each phase of a veteran's career is characterized by challenges most of us will never be able to truly understand. The collective self-reliance of a fully realized community of soldiers is an awesome thing to witness. And yet, even those soldiers who have been to the brink of death, who have suffered mightily in body and spirit, still need skills and tools to use their experience of recovery to support others.

GMHCN is pleased to be able to provide those skills and tools through our Certified Peer Specialist Project training, which has always encouraged Georgia's military veterans to train with us, and in many cases to become Network employees. In fact, the current president of GMHCN's Board of Directors Sergeant Major E. Joseph Sanders is not only a military veteran, he is a Certified Peer Specialist-MH, and provides peer support to fellow veterans at the Atlanta VA Medical Center.

According to Sanders, there are approximately 60 peer specialists currently employed by the Veterans Health Administration (VHA) Healthcare Systems in Georgia, and of those 25 were trained by GMHCN through the Georgia Certified Peer Specialist Project training.

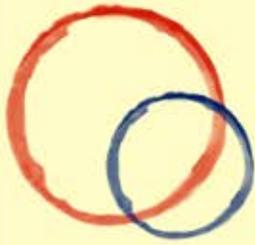
While one soldier supporting another through challenging times is a concept as old as war itself, the formal use of peer support as we understand it today began for veterans in 2008 and was expanded in 2012 was expanded significantly an executive order that mandated the VHA to hire 800 peer support providers for mental health care. The VHA has since passed Georgia by creating opportunities for advancement and promotion for its peer support providers, including Supervisory Peer Specialists, creating a career a path that does not exist in Georgia's public behavioral health system, where peer support workers frequently find other roles where advancement and promotion are possible, creating a revolving door of peer support talent and experience.

In addition to opportunity, recognition is also important. Each of Georgia's three VHA Healthcare Systems annually identifies a Peer of the Year, and in 2021 all three of Georgia's Peers of the Year were trained by GMHCN: Deshawn Dent, Eric Ellis, and Heather King from the VA Medical Centers in Atlanta, Augusta, and Dublin, respectively. King was also selected as the Veterans Integrated Service Network 07 Peer of the Year. VISN 07 consists of the eight Veteran Medical Centers and all their Community Based Outpatient Clinics in Alabama, Georgia and, South Carolina, together employing about 90 Certified Peer Specialists.

When asked to describe her work, King sounds much like many other successful Certified Peer Specialists, and identifies her favorite part of the work as "seeing the light go on when the person I am working with finally understands that there is hope, that we can and do recover, and is able to take off and flourish on their own." And like most other peer specialists, King would like to see peer support better utilized in her community, particularly in hospital emergency departments, where she sees great potential for peer specialists to work "as bridge builders between healthcare providers and people experiencing a mental health crisis."

That ability to envision potential is what provides hope to GMHCN executive director Sherry Jenkins Tucker, who observed while congratulating Georgia's Peers of the Year that "Our military veterans have always had a special place here at the Georgia Mental Health Consumer Network not just because of what they have sacrificed, but because of what they have to offer today. Their understanding of camaraderie, and in particular their ability to create an esprit de corps with other Certified Peer Specialists, has helped to build and strengthen Georgia's Certified Peer Specialist workforce. I am grateful for them."

A longer version of this article appears on [gmhcn.org](http://gmhcn.org) under the Resources/Articles tab.



## 2022: THE YEAR OF MENTAL HEALTH

2022 is being called by many “the year for mental health in Georgia,” and “the year of mental health by others, but as a result of the momentum going into the legislative session, and the proclamations by many that something will change, there will certainly be some substantive changes to what services are provided, and/or how they are funded. Whether those changes end up benefitting the Georgians who need better (or any) access to high-quality, person-centered, recovery-oriented behavioral health services is something we will likely not know until well after Georgia’s brief (and typically chaotic) legislative session ends.

The good news is there are two groups of mental health advocates and allies focused on improving behavioral health services in Georgia. Readers of *The Pipeline* are familiar with the Behavioral Health Services Coalition, the group that has hosted Mental Health Day at the Capitol since it first began under the leadership of Sue Smith, C.E.O. of the Georgia Parent Support Network (GPSN). Less familiar is the Georgia Mental Health Policy Partnership (MHPP), a group focused on policies of the State of Georgia, particularly legislation, that impact if, when, where, how, to whom, and what behavioral health services are provided anywhere in Georgia. Because of the particular importance of policy in this “Year of Mental Health” in Georgia, the MHPP, which has until now kept a low profile, has been called into duty in a more public way, including organizing press conferences at the state capitol, where member organizations and legislators share their policy positions on matters important to their members.

According to Kim Jones, executive director of NAMI-Georgia, and a leader and founder of the MHPP (along with Jewell Gooding, the then-executive director of MHA-Georgia and Roland Behn, Chairman of the American Foundation for Suicide Prevention), describes the coalition as currently made up of just over 10 organizations committed to serving people with mental health conditions in Georgia, and says “We agree in advance to disagree on certain topics, and to set those disagreements aside and focus on being united on topics that we all agree upon to move mental health and substance use recovery forward in Georgia. Our mission is to be united in our messages to the Georgia legislators to move the needle on the many policies that we do agree on.”

Sherry Jenkins Tucker, GMHCN’s executive director and the sitting chair of the BHSC, described the groups this way: “The differences in the BHSC and the MHPP can be largely demonstrated in the meetings’ different styles. The MHPP opens with very brief introductions of new members and immediately gets down to the business of policy matters. If there is only a half hour of policy conversation, the meeting lasts a half hour and everyone goes on their way. The BHSC is more focused on building and sustaining a community of behavioral health advocates, and it is not unusual for our meetings to include discussions on topics that may not have anything directly to do with mental health, much less policy. Many of the members of the BHSC are old friends and we welcome each other that way. Much of our focus throughout the year is on Mental Health Day at the Capitol, which for many participants is more about celebration and fellowship than policy, because quite frankly, policy is boring to many if not most people in or out of mental health recovery. GMHCN is an active member of both organizations because we believe both community and policy are critically important to a robust mental health advocacy movement. There is obviously some overlap between the two groups, and while behavioral health policy and legislation are certainly important to the BHSC, there simply isn’t the fervor for policy details that would enable the BHSC to accomplish what the MHPP does with its laser focus on policy, and we are grateful to Kim, Jewell, and Roland for their success in creating a space where this important policy work can be done.”

The two groups do have much in common. Neither is a formal nonprofit organization, but rather loose collections of mostly like-minded members. Neither organization has fundraising campaigns to sustain or manage their administration, or even a website. Information about either organization is relatively difficult to get for anyone who does not have access to a member of the groups. The most important things the groups have in common are a willingness to work together, to ensure each group’s work complements the other, and that the two groups are never in competition, working separately but in tandem.

Both groups agree that Georgians need and deserve better access to quality resources for recovery and wellness, and that was demonstrated this year when for the first time, GMHCN’s membership voted to adopt a modified version of the MHPP’s 2022 Unified Vision legislative priorities.

The MHPP is an open meeting held each Friday from 1pm-2pm during the regular legislative session of the Georgia General Assembly (state legislature), and every other Friday outside of the session; please email [advocacy@namiga.org](mailto:advocacy@namiga.org) for more information. The BHSC is an open meeting typically held the second Monday of each month, and meetings typically last from noon-1:30pm; please email [lisa@gpsn.org](mailto:lisa@gpsn.org) for more information.



### UPCOMING ADVOCACY OPPORTUNITIES

Addiction Recovery Awareness Day is January 25, one day before Mental Health Day at the Capitol. Both events are online, but the most important work will happen during Georgia’s legislative session before and after those dates, and will be done by individual Georgians contacting their elected officials to request the resources needed in Georgia’s communities. To become involved with substance use recovery advocacy, please visit <https://gasubstanceabuse.org/advocacy/> and to get involved with mental health recovery advocacy please visit <https://www.gmhcn.org/advocacy> or email [advocacy@gmhcn.org](mailto:advocacy@gmhcn.org)

# THE PATH TO WELLNESS

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



**Bill Jolly, CPS-MH**

### What challenges were you facing before you discovered peer support?

After being arrested, and spending a month in jail, my mind started getting somewhat clear and I remember thinking "How did this happen?" Once I was released I knew I needed additional help. I turned to the Atlanta VA Medical Center Mental Health Program. I started their addiction recovery program and spent nine months working on my life. The VA treatment program taught me how to move forward. They gave me the support I needed to seek out housing. In 2015 I entered the HUD/Vash supportive housing program and obtained housing. My social worker/case manager assisted me in learning how to create and live on a budget, and make sure my bills were paid on time. Through hard work, I was able to obtain a car and I'm able to keep the car up and pay for expenses. The Peer Support Wellness and Respite Center of Decatur played a role in supporting me with resources. Without peer support I don't really know what I would have done.

### What helped you move forward?

On the suggestion of a trusted friend, I went to see the first therapist I had ever seen outside of a hospital. I will never forget him. He was a few years older than me and he had this unspoken nurturing demeanor about him. It caught me off guard at first because it was not something that I was used to. Then something powerful happened. He asked me to tell him what happened. I was shocked that someone cared about my story. I told him a little about my life and the struggles what I had faced but remained selective and guarded about what I shared. It was not until he shared his own story and recovery from mental illness and addiction that I felt a true sense of connection and was able to let down some of my defenses. His vulnerability and honesty somehow gave me the permission that I desperately needed to finally open and share my whole self with another person.

### What is life like for you now?

Today, life is amazing! I am no longer in fear of getting the support I need, when I need it. I look at each day as a new day, if I have a challenge there is support available, but I have to ask. It's not always easy, but I now have the coping skills that I need to make it through each day. In October of 2018 I went through the CPS-Mental Health training and shortly after became passed the certification exam. I also applied for a position as a CPS-MH and was hired. There were challenges, but I made the effort and overcame these challenges. Today I'm able to support peers. Listening and sharing can change things. Being able to say that I sometimes struggle is a strength, and it allows me to release the things that bind me and rise up.

### What keeps you hopeful?

I find hope in seeing a peer coming out of their shell. When you hear a peer tell you that they accomplished something that they had feared. When I see a person struggling with addiction realize that there is something better. When a peer comes to a wellness center and begins to interact with others. My untreated depression and bipolar disorder kept me hidden. I wouldn't look eye-to-eye, nor would I speak to people I didn't know. It's not that way any longer. Even though I can sometimes shy away, I work each day to make it better. Today I am free, I am hopeful, and I use my voice to let others know, they are not alone.



## GMHCN 2022 LEGISLATIVE PRIORITIES

**Parity:** Fund a Parity Coordinator in the Office of Insurance to make certain insurers fund mental health treatment at the same level as physical health treatment, as required by federal law.

**Workforce:** Address the significant shortage of mental health workers, including through the expansion of the Certified Peer Specialist workforce through increased wages, training opportunities, supervision, and the creation of opportunities for promotion and advancement as Certified Peer Specialists.

**Funding:** Fully fund a comprehensive behavioral health care system, from prevention and early intervention (including school based behavioral health) to effective crisis response (including the new 9-8-8 crisis line; the implementation of co-responders models of law enforcement working with clinicians and Certified Peer Specialists in crisis situations); and services for the development and maintenance of long-term mental health recovery and wellness.

**Healthcare Equity:** Establish market-based reimbursement rates to increase the number of Medicaid providers, and expand access to healthcare by reducing the number of Georgians without insurance, addressing social determinants of health (housing, employment, transportation, nutrition), and the expansion of culturally and linguistically appropriate services.

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](http://GMHCN.ORG)

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

[www.peer2peer.center](http://www.peer2peer.center)

**I always wondered why  
somebody doesn't do  
something about that.**

*T h e n I r e a l i z e d*

**I was somebody.**

Lily Tomlin

### *A note from Sherry*

The “Year of Mental Health in Georgia” concept is obviously something that should be—and is—of deep importance to me as a Georgian in mental health recovery, and as the Executive Director of GMHCN. However, as both a citizen advocate and nonprofit leader, I have witnessed multiple variations of this sort of effort here in Georgia over the past two decades (and have learned of even more from before that through colleagues and allies). Hope springs eternal at the Georgia Mental Health Consumer Network, but when it comes to legislation, that hope, and excitement, is tempered by past experience that—while overall beneficial to the people and communities of Georgia—has been marked by legislative disappointments that have led us to where we are today: Georgia consistently ranking at or near the bottom of most meaningful, national measures of mental health access and quality, despite per capita funding that is hovers around the average of what other states are pending.

One of the challenges with the “Mental Health Reform Bill” as it is being called is that it has been formed largely without input from Georgia’s mental health recovery community. There is no member or leader of the behavioral health peer recovery community sitting on the Behavioral Health Reform and Innovation Commission, the driver of many of the proposed changes. For Georgia, a state known for innovation and advancement in peer support services, to not include peers as voting members on such an important commission remains deeply disappointing to those of us who value peer support and have worked hard to create a nationally-recognized peer workforce here in Georgia.

I hope that others who value peer support, and the great progress Georgia has made in providing person-centered, recovery-oriented supports and services, will join us in our advocacy efforts beginning in January 2022. Sometimes a legislator needs to hear from just one person or family to understand the profound impact mental health legislation can have on our lives, families, and communities.

