2021 MENTAL HEALTH GUIDE

Georgia Mental Health Policy Partnership

and

Behavioral Health Services Coalition

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.

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

- Respondents reported that their mental health will not hold out as long as their physical health or their financial health, under social distancing guidelines.

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]

GEORGIANS ARE REACHING OUT FOR SUPPORT

- A federal emergency hotline, run by SAMSHA, for people in emotional distress registered a more than 1,000% year-over-year increase in April, 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, and NAMI Basics OnDemand online class inquiries were 6x higher than normal.
- 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.

PATIENT FIRST ACT: GEORGIA'S PATHWAYS TO COVERAGE

- The Georgia Pathways to Coverage section 1115 demonstration is designed to extend Medicaid[3] 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 byMedicaid.

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.*

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 SAMSHA**[9].
- 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.

INVEST IN MILITARY AND VETERANS

- Georgia ranks 9th in the US in Veteran population with over 600,000 veterans[12]
- 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.

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-1[18], 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 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 analysis[23]
- 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 serous 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 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-occuring 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.

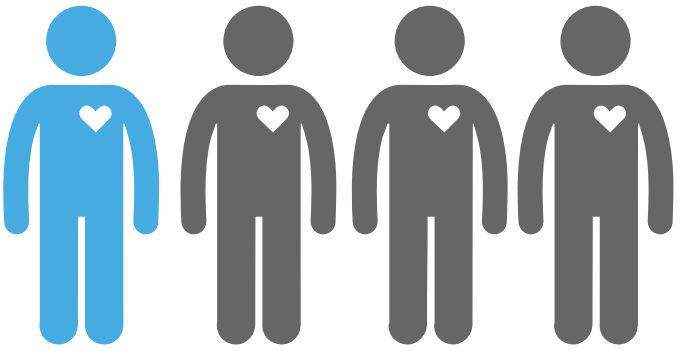
SUPPORT FAMILY CAREGIVERS OF PEOPLE WITH MENTAL HEALTH CONCERNS

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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