By law, most health plans must cover mental health and addiction treatment services like they cover physical illnesses. Currently, there is no mechanism in Georgia to ensure measurement or enforcement of parity. Signs that a health plan may not have equal coverage include: allowing fewer visits for mental health services, requiring separate deductibles or higher co-pays, and failing to cover psychiatric medications.

Ensure accountability and transparency of parity by insurers and regulators. Support the Georgia Parity PEACH Act #PassThePeach.

Proposed state budget cuts will reduce funding associated with mental health across each state department, ultimately impacting how two million Georgians receive service and support for their mental health care. Early intervention reduces the need for higher state costs associated with crisis management services. Any reduction in funding to front line services will increase unmet need in the state, eventually costing Georgia more rather than saving state dollars.

Nearly 19% of adults with a mental illness in Georgia are uninsured (Mental Health America, 2018). Research has shown that people enrolled in New Medicaid receive more mental health care, manage chronic depression better, and use costly emergency department services less often.

EXPAND insurance coverage in Georgia by leveraging state funds to access federal Medicaid dollars and maintain existing mental health Medicaid codes.

According to a poll by the Georgia Budget and Policy Institute, 64% of registered voters in the state support leveraging federal money to put an insurance card in the pockets of low-income Georgians.
How Else Can We Support Mental Health in Georgia?

Children & Youth – FOLLOW the Governor’s Commission on Children’s Mental Health recommendations. SUPPLEMENT Georgia’s federal grant for CSC (Coordinated Specialty Care: case management, medication & primary care coordination, therapy, and family education) to expand early psychosis programs. PROTECT DOE funding for mental health education utilized by NAMI to train 20,000 individuals.

Access – CONTINUE to fund telehealth as an important tool for improving mental health in the state by INCREASING access to care in under-served and rural areas.

Co-Occurring Disorders – APPROVE allocations for targeted pilot programming, opioid antidotes, therapeutic treatment centers, and additional Behavioral Health Crisis Centers.

Military & Veterans – IMPROVE the claims process at VA clinics, as well as the assistance provided to those awaiting a disability designation.

Affordable Housing – ALLOCATE funding for programs to expand supported and assisted housing initiatives for those with mental illness. PROVIDE additional assistance to youth homeless shelters to increase educational and psychosocial support.

Family Caregivers – MAINTAIN DBHDD funding to NAMI Georgia, whose volunteers annually educate and support over 30,000 Georgians affected by mental health conditions, at no cost to the public.

END UNNECESSARY INCARCERATION OF INDIVIDUALS WITH MENTAL ILLNESS

Disproportionate numbers of people with mental illness are in our criminal and juvenile justice systems, often because of untreated or undertreated illness. Georgia has one of the highest rates of imprisonment in the county, coupled with poor access to mental health care. As a result, jails and juvenile justice facilities serve as de facto mental health institutions.

WORKFORCE DEVELOPMENT

Nationally, there are workforce shortages of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced nurse practitioners. Across all states, Georgia ranks 48th in mental health workforce availability (Mental Health America, 2018). In fact, in Georgia there are only 10.9 Psychiatrists per 100,000 people and only 5.9 child and adolescent psychiatrists per 100,000 youth (Walker et al, 2015).

SOLUTION

Increase the number of accountability courts in Georgia to divert mentally ill non-violent offenders to treatment, and SUPPORT CIT by reinstating DBHDD funding for NAMI Georgia to help coordinate advocates for CIT training.

SOLUTION

INCREASE the number of professionals in the state specializing in mental health by developing incentive programs for mental health training and offering loan forgiveness for those who work in rural areas.

SUPPORT the requirement and expansion of mental health education for pediatricians, first responders and EMS professionals.