Georgia’s status as one of the best states in which to do business requires a competent and healthy workforce. This requires Georgians in the workforce and their families to have access to necessary and appropriate health care, including mental and substance misuse health care.

Georgia must take actions to transform the delivery of medical care throughout the state, especially in unserved and underserved areas like Georgia’s rural communities. Such transformation is needed because:

- Georgia ranks 51st in terms of access to mental health care among the 50 states and the District of Columbia.
- There are 87 Mental Health Care Health Professional Shortage Areas in Georgia encompassing more than 4.9 million Georgians.

Investing in a healthy workforce is good for business. According to a survey by Mercer, about 75 percent of employers with workforces of 5,000 people or more say access to behavioral health care is a concern in some or all of their locations.

Why? 1 in 5 adults will experience a diagnosable mental illness in any given year, with more than half of those individuals going untreated. Respecting and treating mental illness on par with other medical illnesses is the first step to improving employee quality of life—the foundation of an effective and successful workplace.

The good news? Treatment works. And it is cost-effective. When employees receive effective treatment for mental illnesses, the result is lower total medical costs, increased productivity, lower absenteeism, and decreased disability costs. The bottom line: investing in a mentally healthy workforce is good for business.

The organizations whose logos appear below represent the vast majority of Georgia’s behavioral health consumers, their families, and allies. Listed on the following pages are recommendations for using American Rescue Plan (ARP) Act funding to assist in developing a robust behavioral health infrastructure to support Georgia businesses and encourage other businesses to invest in Georgia.

Support Georgia’s top business ranking by providing its citizens with access to necessary and appropriate health care.

Georgia Mental Health Policy Partnership
Expand Project ECHO
- Project ECHO (Extension for Community Health Outcomes) training for physicians) uses ongoing telementoring to equip primary care practitioners in rural and underserved areas with the knowledge they need to provide high-quality specialty care. By participating in weekly virtual clinics with teams of specialist mentors, primary care practitioners in those areas acquire the expertise they need to treat patient with complex health problems, including mental and behavioral health.
- Cost: $1.075 million per year for three years (total $3.225M), including 12 FTEs, stipends for SMEs, equipment, travel, and marketing

Implement pilot projects using integrated care to address healthcare disparities
- The map highlights the ten counties in Georgia with the highest per capita COVID death rates: Hancock, Glascock, Candler, Terrell, Wilcox, Twiggs, Johnson, Randolph, Ware, and Jenkins.
- While the pandemic highlighted racial disparities in terms of access to healthcare, the disparity that likely has the greatest impact in these 10 counties is their lack of access to healthcare.
- Cost: $1.2 million per year.

Expand ACT in Georgia to reduce demand for crisis services
- ACT (Assertive Community Treatment) is an intensive, community-based service for individuals whose severe and persistent mental illness has significantly impaired functioning in the community and for whom traditional outpatient treatment has shown minimal effectiveness. A multi-disciplinary team provides a variety of interventions 24/7 including: psychiatry, nursing, case management, peer support, and other recovery-oriented services.
- Cost: $650,000 per year.

Pilot project(s) addressing suicide challenges in rural Georgia
- Suicide rates in rural Georgia are almost 2x the rate in urban Georgia. Out of the 159 counties in Georgia, the five counties with the highest suicide rates over the past decade are contiguous - Dawson, Union, Pickens, Gilmer, and Lumpkin.
- The pilot will focus on local community involvement - e.g., faith communities, sports leagues, employers - to increase hope, decrease pain, enhance connectedness, and reduce capability for suicide.
- Cost: $150,000 first year and $100,00/year for subsequent 4 years

Implement co-responder models across state
- Build on existing program implementing co-responder model (law enforcement and/or behavioral health clinician or peer response) in Fulton, Dekalb, Cobb, Muscogee, Chatham, Bibb, Richmond and Tift counties. Current program cost: $1,257,000
- The program targets areas with (a) highest volume of MH/SUD related 911 calls and (b) areas of high officer-involved shootings. Benefits include the diversion of individuals struggling with MH/SUD from jails to treatment and decreasing volume of non-violent 911 calls to which officers respond.
- Cost: $450,000.
Establish Cultural and Linguistic Competency Division in DBHDD

- Approximately one in ten Georgians is foreign-born. DBHDD has recognized the need to enhance the availability of trainings to assist providers with becoming more culturally competent to better meet the needs of the populations to be served.
- The new division would spearhead the development of a culturally competent behavioral health workforce in Georgia using national cultural competence standards.” DHBDD has a draft Cultural and Linguistic Competency Action Plan. Estimated annual cost: $1 million (inc. 6 FTEs, training and travel, printing)

Accelerate training and expand use of peer workforce programs

- DBHDD provides a variety of peer support services for persons diagnosed with a behavioral health illness. Certified Peer Specialists, including Certified Addiction Recovery Empowerment Specialists (CARES), are trained to use their lived experience with and in recovery to provide hope, encouragement, understanding, knowledge, and support to others living with similar diagnoses and situations.
- Individual and group Peer Support services are or can be available in treatment agencies, healthcare settings, medical facilities, and non-clinical community settings, as well as via 24/7 warm phone lines.
- Cost: $250,000 per year.

Expand use of Community Support Teams (CST)

- CST provides community-based support for individuals living in rural areas who have a history of hospitalization or incarceration and require more than a traditional outpatient setting to remain in the community.
- CST assists with access to necessary services, managing psychiatric and co-occurring diseases, developing community living skills, achieving stable living arrangement, and setting and attaining recovery goals.