GWINNETT COUNTY
BOARD OF COMMISSIONERS
75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.7000 | (F) 770.822.7097
www.gwinnettcounty.com
Charlotte J. Nash, Chairman
Jace W. Brooks, District 1
Ben Ku, District 2
Tommy Hunter, District 3
Marlene M. Fosque, District 4

Official

Gwinnett Legislative Delegation
Annual Pre-Session Meeting Minutes

Thursday, December 3, 2020 – 7:30 AM

Present: Charlotte J. Nash, Marlene M. Fosque
Via teleconference: Jace Brooks, Ben Ku
Absent: Tommy Hunter

Representatives from Gwinnett County Public Schools, Gwinnett County Government, Georgia Gwinnett College, Gwinnett Technical College, View Point Health, and the Gwinnett County Health Department made presentations to the Gwinnett Legislative Delegation on their services and future needs. No official action taken.

Gwinnett Legislative Delegation

Annual Pre-Session Meeting

for the 2021 General Assembly

Gwinnett

Gwinnett Legislative Delegation

Annual Pre-Session Meeting

Thursday, December 3, 2020

Gwinnett Justice and Administration Center – Auditorium
75 Langley Drive • Lawrenceville, Georgia

Gwinnett

Agenda

7:30am	Breakfast begins
8:05am – 8:15am	Welcome *Opening Remarks: Charlotte J. Nash, Chairman – Gwinnett County Board of Commissioners*
8:15am – 8:55am	Gwinnett County Public Schools *Speaker: J. Alvin Wilbanks, Superintendent*
8:55am – 9:35am	Gwinnett County Government *Speakers: Charlotte J. Nash, Chairman* *Marlene M. Fosque, District 4 Commissioner and Vice Chair*
9:35am – 9:50am	Break
9:50am – 10:10am	Georgia Gwinnett College *Speaker: Dr. Jann L. Joseph, President*
10:10am – 10:30am	Gwinnett Technical College *Speaker: Dr. D. Glen Cannon, President*
10:30am – 10:50am	View Point Health *Speaker: Jennifer Hibbard, CEO*
10:50am – 11:10am	Gwinnett County Health Department *Speaker: Dr. Audrey Arona, MD, CEO/District Health Director, Gwinnett, Newton and Rockdale County Health Departments*
11:10am – 11:30am	Comments/Questions from Members of the Gwinnett Delegation

GOVERNANCE/LOCAL CONTROL

Gwinnett County Public Schools opposes any legislation that usurps the authority of the Gwinnett County Board of Education to govern our public schools. It is through the local board's governance and control that a school system is able to meet the educational needs and expectations of the community.

Therefore, GCPS urges the General Assembly to protect and reaffirm the Constitutional authority of the duly elected Gwinnett County Board of Education to provide educational services at the local level through its system of public schools. To that end, legislators are asked to:

- Maintain local school board control over such things as instructional resources, local revenue sources, student discipline, curriculum, school-year calendar, etc.
- Sustain Title 20 flexibility for Strategic Waivers School Systems
- Maintain through FY2022 all waivers granted to local education agencies in response to the COVID-19 pandemic, as provided by State Board of Education rules.
- Support the implementation of innovative assessment options at the local, State, and/or federal levels
- Ensure sovereign immunity of local boards of education
- Allow local school systems operational control over social issues that impact school climate and instruction.

Questions regarding the 2021 Legislative Priorities may be directed to:

Jorge Gomez
Executive Director for Administration and Policy
678-301-6005, *Jorge.Gomez@gcpsk12.org*

David McCleskey
Governmental Liaison and Community Ombudsman
678-301-6005, *David.McCleskey@gcpsk12.org*

VISION

Gwinnett County Public Schools will become a system of world-class schools where students acquire the knowledge and skills to be successful in college and careers.

MISSION

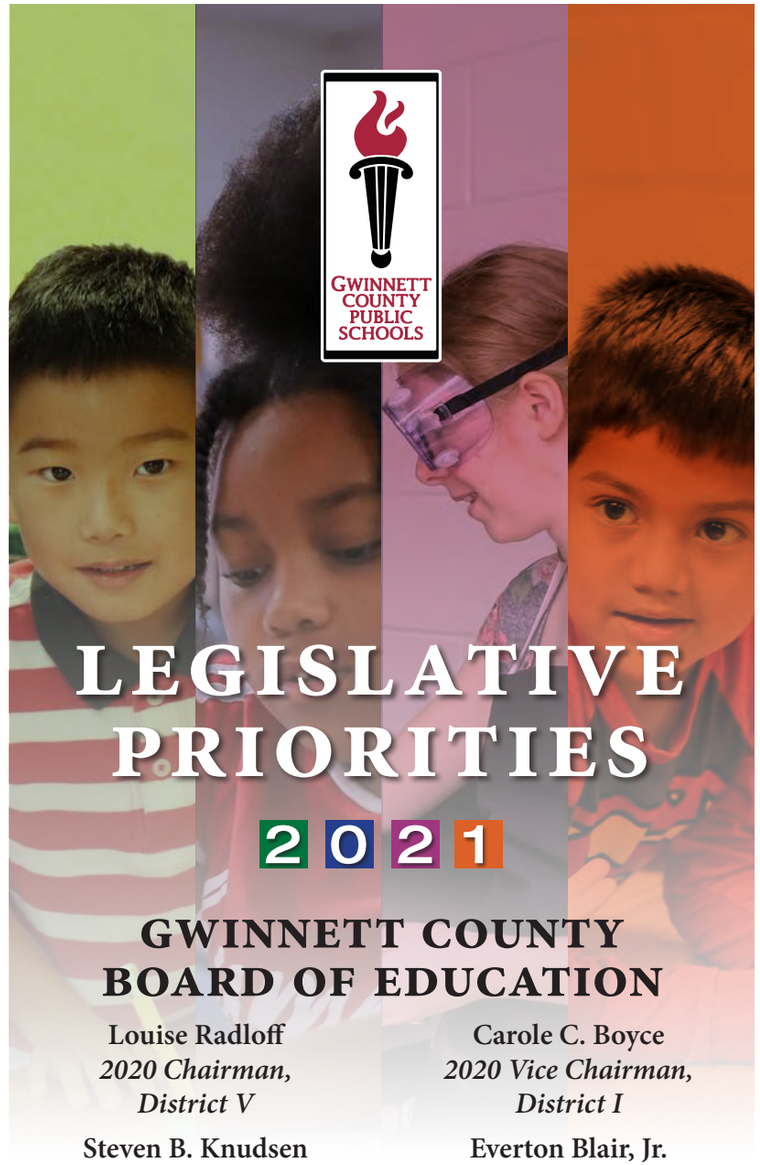
The mission of Gwinnett County Public Schools is to pursue excellence in academic knowledge, skills, and behavior for each student, resulting in measured improvement against local, national, and world-class standards.

STRATEGIC GOALS

Gwinnett County Public Schools will…

- Ensure a world-class education for all students by focusing on teaching and learning the Academic Knowledge and Skills (AKS) curriculum.
- Ensure a safe, secure, and orderly environment for all.
- Optimize student achievement through responsible stewardship of its financial resources and the proactive pursuit of all resources necessary to meet current and future demands.
- Recruit, employ, develop, and retain a workforce that achieves the mission and goals of the organization.
- Support instructional and operational needs with technological systems and processes that support effective performance and desired results.
- Provide and manage the system's facilities and operations in an exemplary manner as determined by programmatic needs and best management practices.
- Apply continuous quality improvement strategies and principles as the way the organization does business.

437 Old Peachtree Road, NW
Suwanee, GA 30024
678-301-6000
www.gcpsk12.org



LEGISLATIVE PRIORITIES

2021

GWINNETT COUNTY BOARD OF EDUCATION

Louise Radloff
2020 Chairman, District V

Carole C. Boyce
2020 Vice Chairman, District I

Steven B. Knudsen
District II

Everton Blair, Jr.
District IV

Dr. Mary Kay Murphy
District III

J. Alvin Wilbanks
CEO/Superintendent

Karen Watkins
District I
(effective Jan. 2021)

Dr. Tarece Johnson
District V
(effective Jan. 2021)

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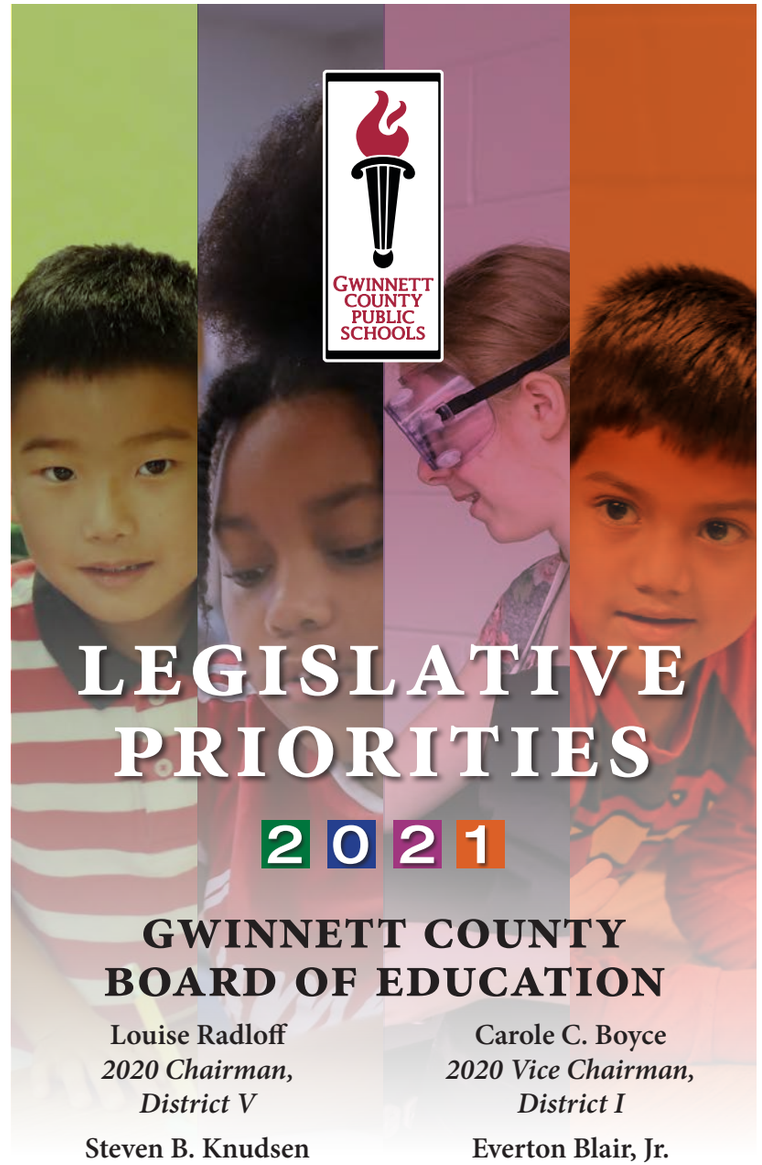

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The Gwinnett County Board of Education annually adopts Legislative Priorities that support the vision, mission, goals, and strategic direction of Gwinnett County Public Schools (GCPS). The **2021 Legislative Priorities** are organized into four categories. The Board asks the Gwinnett County Legislative Delegation to support the Legislative Priorities in the 2021 session of the Georgia General Assembly, and ensure that no legislation is introduced that would impede the Board's ability to govern the school system.

FUNDING

The Gwinnett County Board of Education will continue its responsible stewardship of funds provided to support teaching and learning. Any reduction in funding, through the loss of local and/or State dollars, jeopardizes our ability to provide students the quality and effective education our community demands and expects, and challenges us to maintain a sound financial position and our AAA bond ratings.

State Funding Formula — GCPS urges the General Assembly to:

- When amending the FY2021 budget at mid-term, hold school districts harmless in terms of formula funding if enrollment has declined as a result of the COVID-19 pandemic.
- When amending the FY2021 budget and developing the FY2022 budget, provide funding to support the increased needs resulting from the COVID-19 pandemic (costs associated with virtual learning, PPE, student services, and personnel).
- For the FY2022 budget, fully fund the Quality Basic Education (QBE) formula and oppose any "amended formula adjustment" that would result in decreased funding for K-12 public education. In FY2021, the 10% amended formula adjustment meant a loss in state funding of $100 million for Gwinnett County Public Schools.
- For the FY2022 budget, continue fully funding Equalization Grant under current formula (provides financial assistance to school systems ranking below the statewide average of per pupil tax wealth, O.C.G.A 20-2-165).

Health Insurance — GCPS supports a comprehensive review of the State's health benefit plan and urges the General Assembly to consider all possible solutions and cost-saving measures. For example, the State currently provides no funding for classified employees who elect health insurance coverage. This cost for GCPS will be $65.3 million in FY2021.

Early Learning — Preparing children to enter school ready to learn is a critical need in Georgia. Evidence shows that the early learning need is even greater among economically disadvantaged students, and high-quality early learning programs can permanently change the trajectory of these students. Lottery funding supports Pre–K programs for a limited number of students, but more early learning opportunities are needed. GCPS urges the State to review the research on the impact of early learning programs, especially in economically disadvantaged communities, and provide the fiscal resources needed to implement effective programs and practices.

Transportation — GCPS urges the General Assembly to fund pupil transportation at a level that eliminates the gap between State-allotted funding and the actual costs to local districts. In FY2021 Gwinnett County Public Schools will receive $5.8 million in State transportation funding through the current formula. The district's budget will be $93 million, meaning the State will contribute only 6.24% toward GCPS' transportation costs.

Retirement — GCPS urges the General Assembly to sustain the current Teachers Retirement System of Georgia, recognizing that it is a compelling incentive for recruiting and retaining quality educators.

FISCAL AND SCHOOL IMPROVEMENT INITIATIVES

GCPS urges the General Assembly to sustain the improvements made in these areas:

- Support continued funding for the Governor's School Leadership Academy
- Support the recruitment and retention of mathematics and science teachers by maintaining the funding for endorsement supplements for teachers in these critical-need areas
- Provide funding to hire and train school counselors and social workers so students will have greater access to services that address academic preparation, college and post-secondary planning, career readiness, and social-emotional support
- Support the recommendations of the "Vision for Public Education in Georgia" project
- Expand funding for APEX school mental health services.

CONTINUING POSITIONS

GCPS urges the Legislature to support the following long-standing positions of the Gwinnett County Board of Education:

- Encourage legislation that promotes a safe and secure learning environment through a focus on facilities, staffing, students, parents, and technology as means to maximize school safety
- Resist efforts to provide contracts for classified employees
- Protect public education funding by opposing vouchers and/or tuition tax credits
- Require impact statements for any new legislation before enactment.

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SHORTFALLS IN STATE FUNDING K–12

The QBE formula does not fully fund many mandates.

1. **Transportation:**

Requests	Year	GCPS' Total Cost	State Funds	GCPS' Funds	State %	Local %
Transportation (State-mandated serv. only, est.)	2021	$92,914,000	$5,798,000	$87,116,000	6.24%	93.76%
	2020	$88,322,000	$5,695,000	$82,627,000	6.45%	93.55%
	2019	$88,091,000	$5,668,000	$82,423,000	6.43%	93.57%

2. **Safe and secure learning environment:** No funding through QBE formula

Requests	Year	GCPS' Total Cost	State Funds	GCPS' Funds	State %	Local %
Safety and Security Dept.	2021	$10,553,000		$10,553,000		100.00%
	2020	$10,118,000	$0	$10,118,000	0%	100.00%
	2019	$9,533,000		$9,533,000		100.00%

- FY2019 initial state appropriations provided $16 mil. in bond funding for school safety improvements— of which GCPS will receive $1.2 mil.
- FY2019 amended state budget included $69 mil. for School Safety Grants— in which GCPS allocation was $4.1 mil.

3. **Health Insurance:** The QBE formula does not provide any funding for the classified employees who elect health insurance coverage (only provides funding for the certificated employees, who elect coverage).

Requests	Year	GCPS' Total Cost	State Funds	GCPS' Funds	State %	Local %
Health Insurance (classified employees)	2021	$65,375,000		$65,375,000		100.00%
	2020	$72,735,000	$0	$72,735,000	0%	100.00%
	2019	$66,465,000		$66,465,000		100.00%

4. **Maintenance and Operations:** The QBE formula provides funding of $298 per FTE

Requests	Year	GCPS' Total Cost	State Funds	GCPS' Funds	State %	Local %
Maintenance and Operations	2021	$132,797,000	$55,698,000	$77,099,000	41.94%	58.06%
	2020	$129,914,000	$55,754,000	$74,160,000	42.92%	57.08%
	2019	$122,532,000	$55,253,000	$67,279,000	45.09%	54.91%

5. **Sick and personal Leave:** The QBE formula provides funding of $150 per teacher

Requests	Year	GCPS' Total Cost	State Funds	GCPS' Funds	State %	Local %
Sick and Personal Leave	2021	$11,866,000	$1,949,000	$9,917,000	16.43%	83.57%
	2020	$9,013,000	$1,949,000	$7,064,000	21.62%	78.38%
	2019	$11,757,000	$1,911,000	$9,846,000	16.25%	83.75%

Prior year figures are based on actual costs. Current year figures reflect FY2021 budget projections.

Gwinnett Legislative Delegation

Annual Pre-Session Meeting

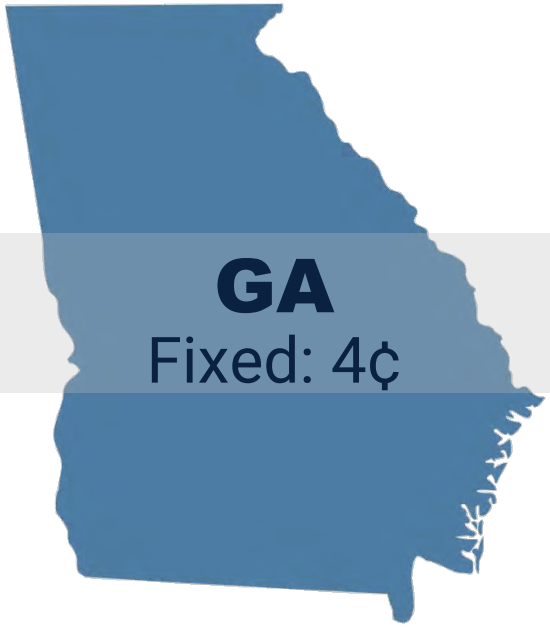
for the 2021 General Assembly

Gwinnett

Special Purpose Local Option Sales Tax (SPLOST)

Gwinnett

6¢ Sales Tax



GA
Fixed: 4¢

Special Purpose Local Option Sales Tax

Gwinnett
Optional: 1¢

E-SPLOST
Optional: 1¢

Gwinnett

Transportation

- Citizens Project Selection Committee
- Allocate funding among the project categories
- Develop and apply criteria needed to select projects
- Prioritize projects
- Provide findings and decisions to the Board of Commissioners as a formal recommendation for action
- Communicate with constituent groups throughout the process

Gwinnett

Recreational Facilities & Equipment

- Community input meetings are held throughout the County
- Citizens are provided the opportunity to provide written and verbal recommendations
- The Comprehensive Parks & Recreation Master Plan serves as the County's guide for park development
- Currently, Parks & Recreation is in the process of updating Capital Improvements Plan (CIP)
- The Gwinnett County Recreation Authority serves as the citizens-steering committee for the CIP Update
- The Recreation Authority submits their recommendations to the Board of Commissioners

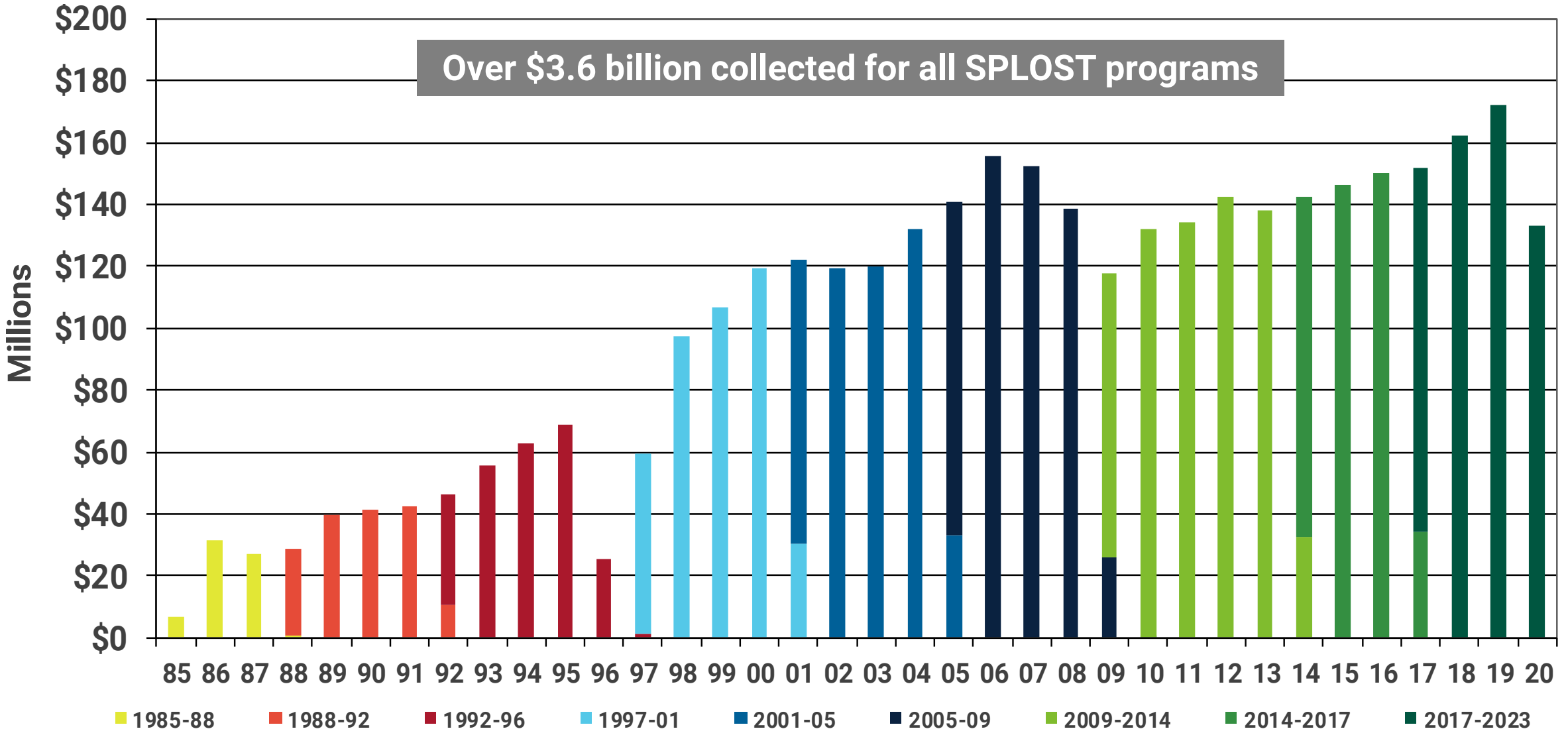
Gwinnett

Citizen Review Committee

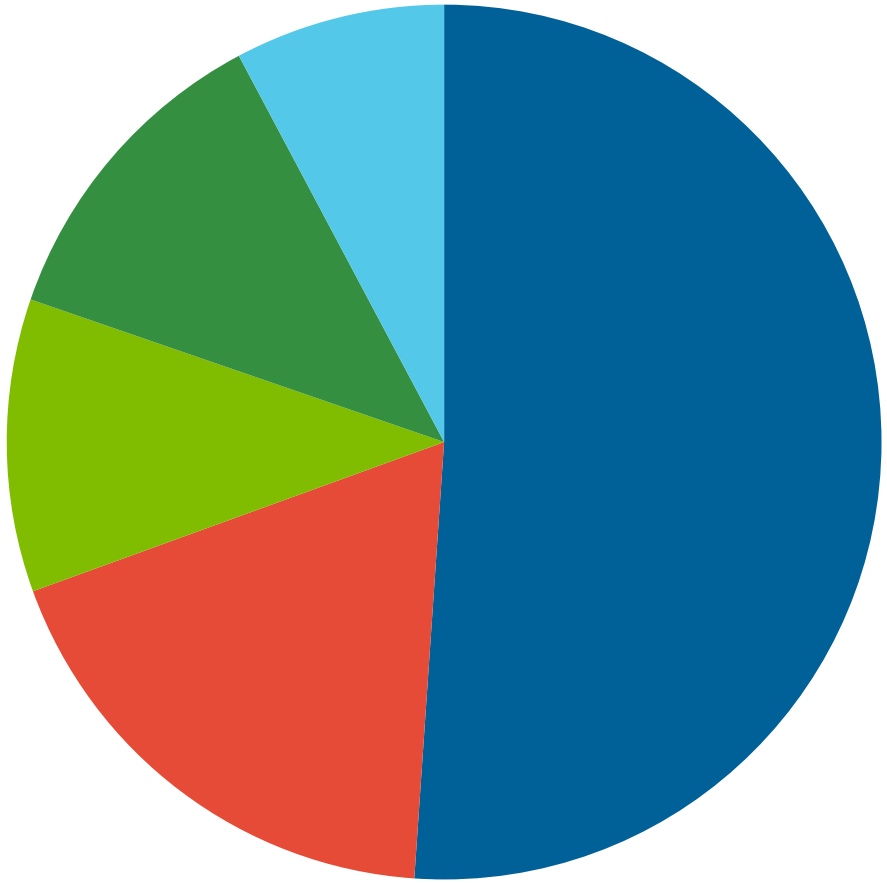
- Established with 2005 SPLOST
- Citizen Review Committee
- Joint Technical Committee
- Annual Meeting
- Review Annual Audit

Gwinnett

SPLOST Collections



SPLOST Program Allocations



- Roads, Streets, and Bridges - 51%
- Recreational Facilities - 18%
- Public Safety Facilities and Equipment - 11%
- City Projects - 12%
- Other - 8%

1985

SPLOST Program: $65.7 Million

Gwinnett

1988

SPLOST Program:
$162.7 Million

1992

SPLOST Program: $249.1 Million

1997

SPLOST Program:
$414.8 Million

2001

SPLOST Program:
$496.1 Million

2005

SPLOST Program:
$581.5 Million

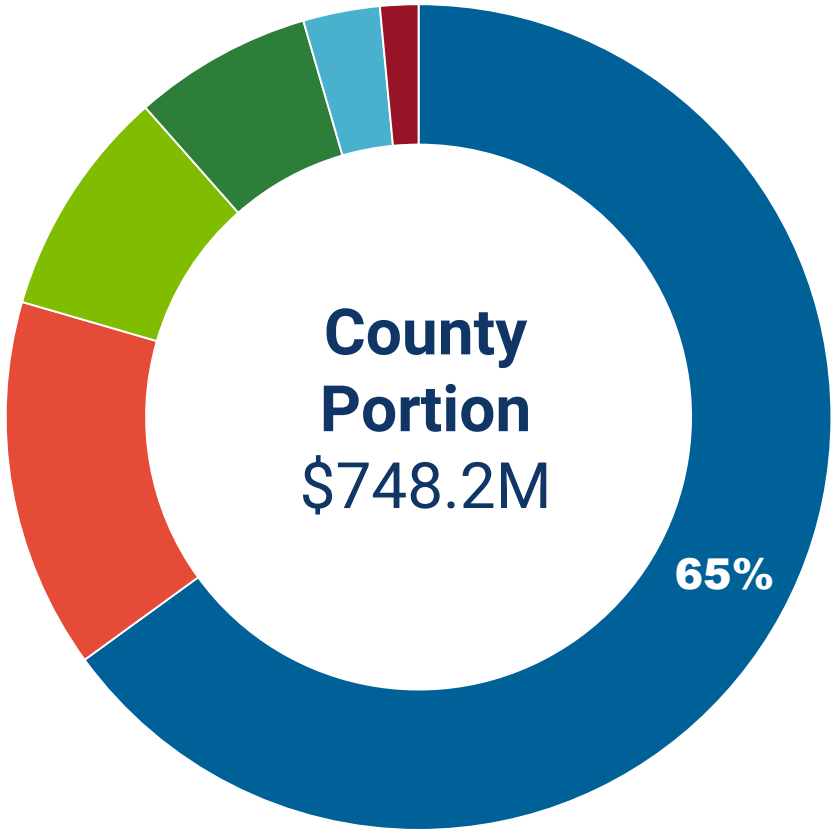
2009

SPLOST Program:
$671.4 Million

2014

SPLOST Program:
$440.3 Million

2017 SPLOST Program: $950M



Cities receive: 21.24%

- **Roads, streets, bridges, sidewalks**
- **Recreational facilities and equipment**
- **Civic Center expansion**
- **Public safety facilities and equipment**
- **Relocation/renovation of library facilities and equipment**
- **Senior service facilities and equipment**

Safe & Healthy Community

Fire Apparatus Replacements

- $2.72 Million: 2017 SPLOST Funds
- In 2020, remounted 4 ambulances and 1 emergency replacement

Gwinnett

Safe & Healthy Community

Fire Station No. 13

- $7.3 million project: 2017 SPLOST funds
- 10,000 sq. ft facility
- Anticipated completion date: Spring 2022

Gwinnett

Mobility & Access

- SR 316 Limited Access: Harbins Road
- $39.2 Million Project: 2017 SPLOST Funds

Gwinnett

Livability & Comfort

GJAC Expansion

- $83 Million Project: 2009 SPLOST Funds
- Security node and bridge- Dec 2020
- Courthouse Building open 1st quarter of 2021

Gwinnett

Livability & Comfort

Norcross Branch Library

- $12.2 Million project: 2009 & 2014 SPLOST Funds
- 22,000 sq. ft
- Opening Summer 2021

Gwinnett

Livability & Comfort

Duluth Branch Library

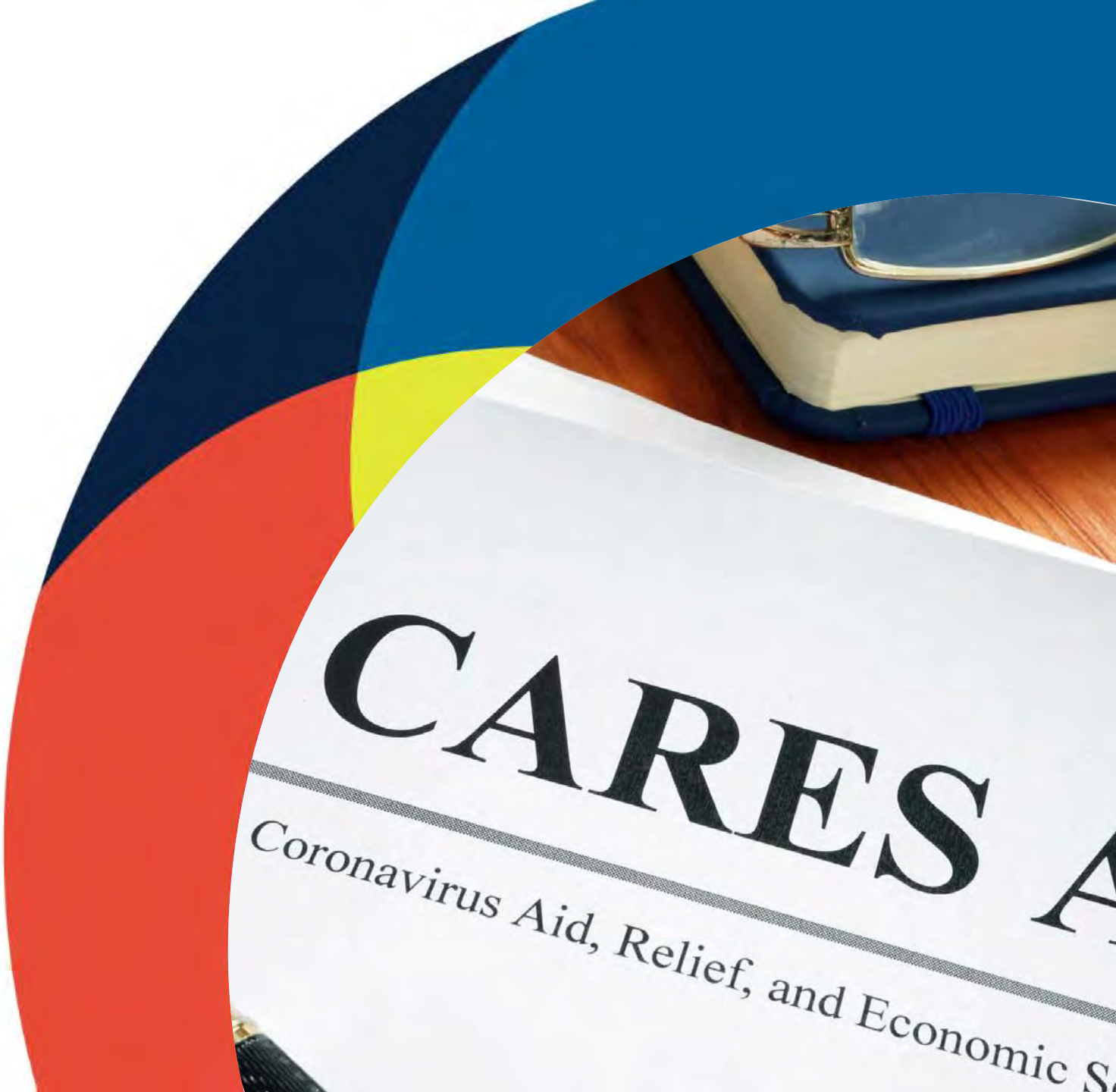
- $5.1 Million project: 2009 & 2014 SPLOST
- 22,000 sq. ft
- Opening Summer 2021

Gwinnett

CARES Act Allocations

Addressing COVID-19 needs within our community

Gwinnett



CARES Act Allocations: $196.7 million

Treasury

$163.3 million

Coronavirus Relief Fund

DOT

$19.9 million

Federal Transit Administration
$19.8 million

Federal Aviation Administration
$157,000

HUD

$12.2 million

Community Development Block Grant
$7.3 million

Emergency Solutions Grant
$4.9 million

DHHS

$842,947

Coronavirus Provider Relief Fund
$314,315

Coronavirus Response Fund
$528,632

DOJ

$311,628

Coronavirus Emergency Supplemental Program

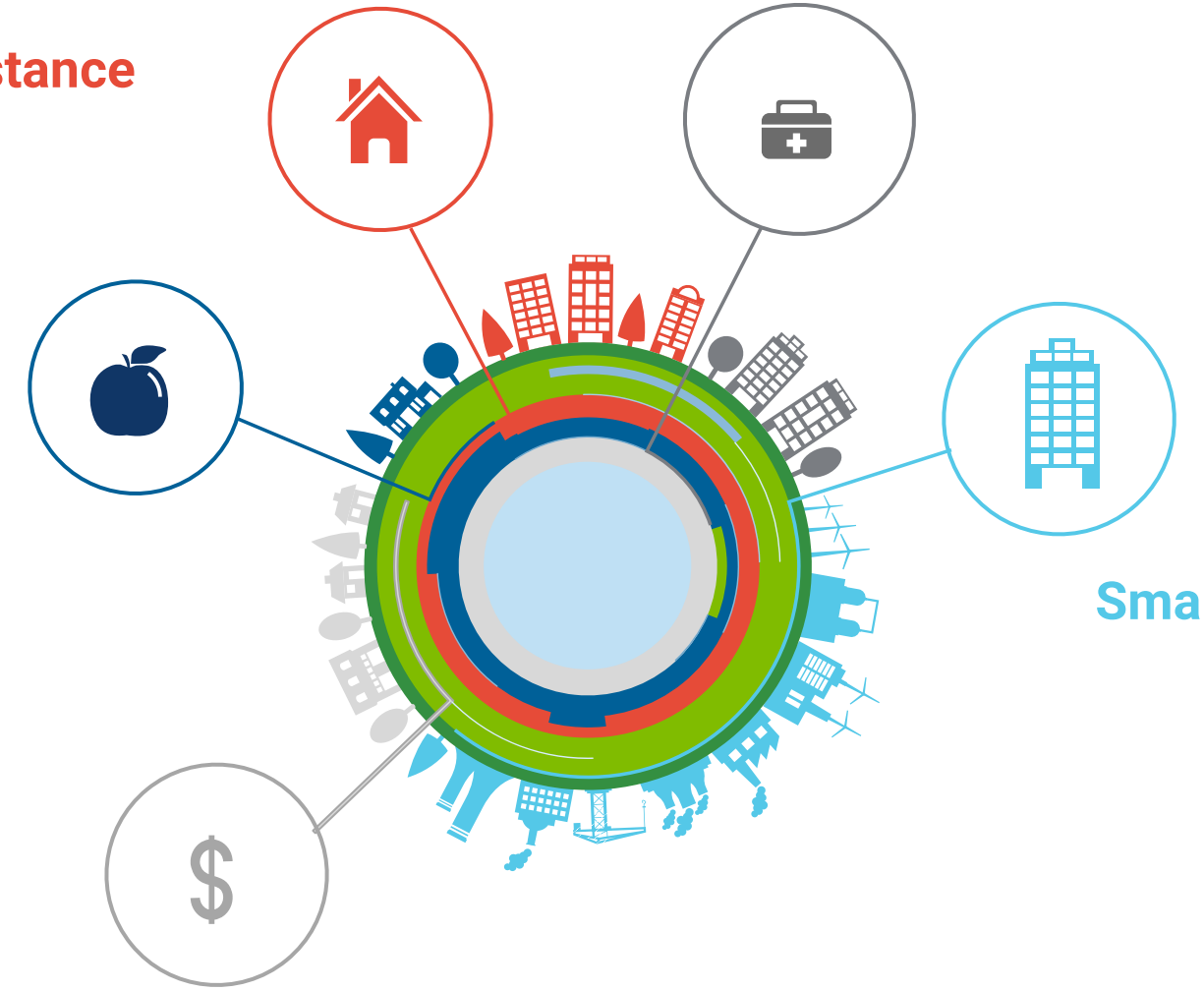
Gwinnett

Addressing COVID-19 Needs

Housing & Utility Assistance
Over $21.1 million defined for housing and utility assistance

Food Assistance
Nearly $7 million allocated to the provision of emergency food assistance

Municipalities
$25 million shared with Gwinnett municipalities to support their COVID-19 costs



Nonprofit Services
Over $13.1 million aligned to support nonprofits and increase services to those most in need

Small Business Assistance
Over $35 million designated to assist small businesses with grants and loans

Gwinnett

Project RESET

An Eviction Intervention Program

GWINNETT COUNTY MAGISTRATE COURT
JUSTICE FOR ALL

Gwinnett

HomeFirst
GWINNETT

Gwinnett

Small Business Assistance Program

Our Purpose

To provide small businesses with direct financial assistance that supports reopening safely and profitably while stimulating local economic recovery.

Gwinnett

Nonprofit Funding Opportunity

- CARES Act funding totaling $23,940,000 has been awarded to 145 nonprofit and faith-based partners
- In 2021 applications will release for the remaining $11,624,180

Gwinnett

Comments or Questions

From Gwinnett Delegation

GWINNETT LEGISLATIVE DELEGATION

ANNUAL PRE-SESSION MEETING

DECEMBER 3, 2020

JANN L. JOSEPH, PRESIDENT

Georgia Gwinnett COLLEGE

ENROLLMENT AND DEMOGRAPHICS

- FALL 2020 ENROLLMENT – 11,627
- GENDER – FEMALE 59%, MALE 41%
- RACE/ETHNICITY
  - Black/African American – 33%
  - White – 27%
  - Hispanic – 25%
  - Asian – 11%
  - Two or More Races – 4%
  - Unknown/Undeclared – <1%
  - Pacific Islander – <1%
  - Native American – <1%

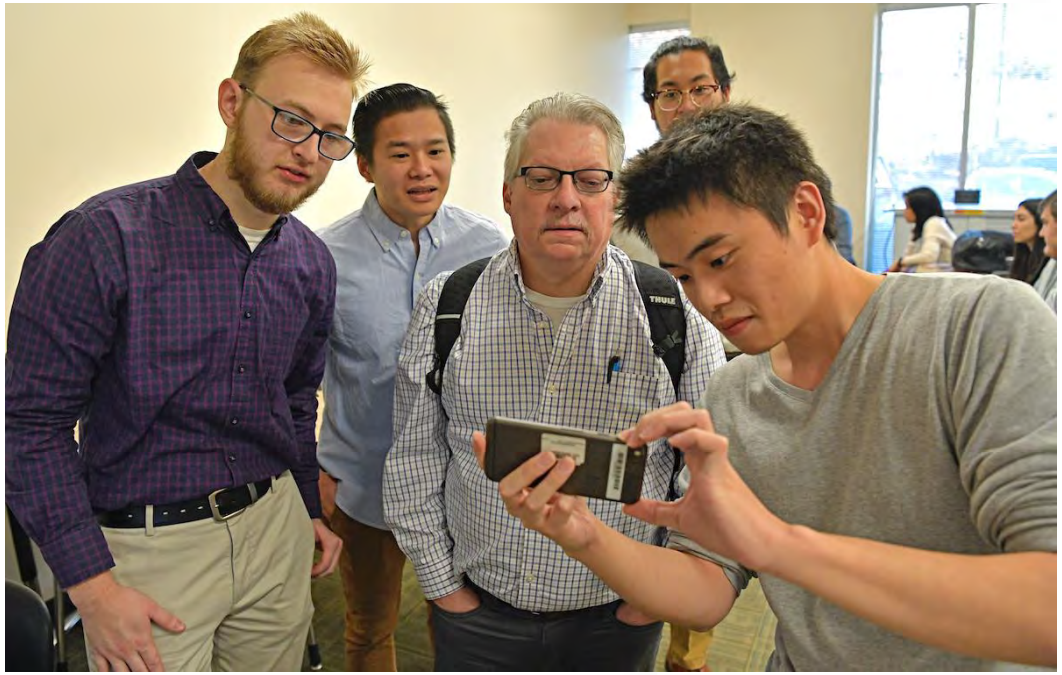
STUDENT ENGAGEMENT MODEL

19 – Programs of study

45+ – Concentrations of study

20 – Average class size

18:1 – Student : teacher ratio



ECONOMIC IMPACT

- FY2019 – $520M
- Cumulative impact to date – $4.3B
- Jobs on campus – 725
- Resulting jobs on campus – 3,225
- 8,000+ alumni

Georgia Gwinnett COLLEGE

GGC DEGREES ALIGN WITH REGIONAL NEEDS

School of Business

Bachelor of Business Administration

School of Education

Bachelor of Science, Elementary Education
Bachelor of Science, Middle Grades Education
Bachelor of Science, Special Education

School of Health Sciences

Bachelor of Science, Health science
Bachelor of Science, Nursing

School of Liberal Arts

Bachelor of Science, Cinema and Media Arts Production
Bachelor of Science, Criminal Justice/Criminology
Bachelor of Arts, English
Bachelor of Arts, History
Bachelor of Arts, Human Development and Aging Services
Bachelor of Arts, Political Science
Bachelor of Science, Psychology

School of Science and Technology

Bachelor of Science, Biology
Bachelor of Science, Chemistry
Bachelor of Science, Environmental Science
Bachelor of Science, Exercise Science
Bachelor of Science, Information Technology
Bachelor of Science, Mathematics

FOCUSING ON STUDENT SUCCESS

Retention, Progression and Graduation

Elease Dillard
‘15, Biology

Tyler Walsh
‘11, Business

LOOKING AHEAD TO ENGAGE OUR STUDENTS

New Leadership

New Initiatives

QUESTIONS?

Gwinnett Technical College

EDUCATION **THAT WORKS!**

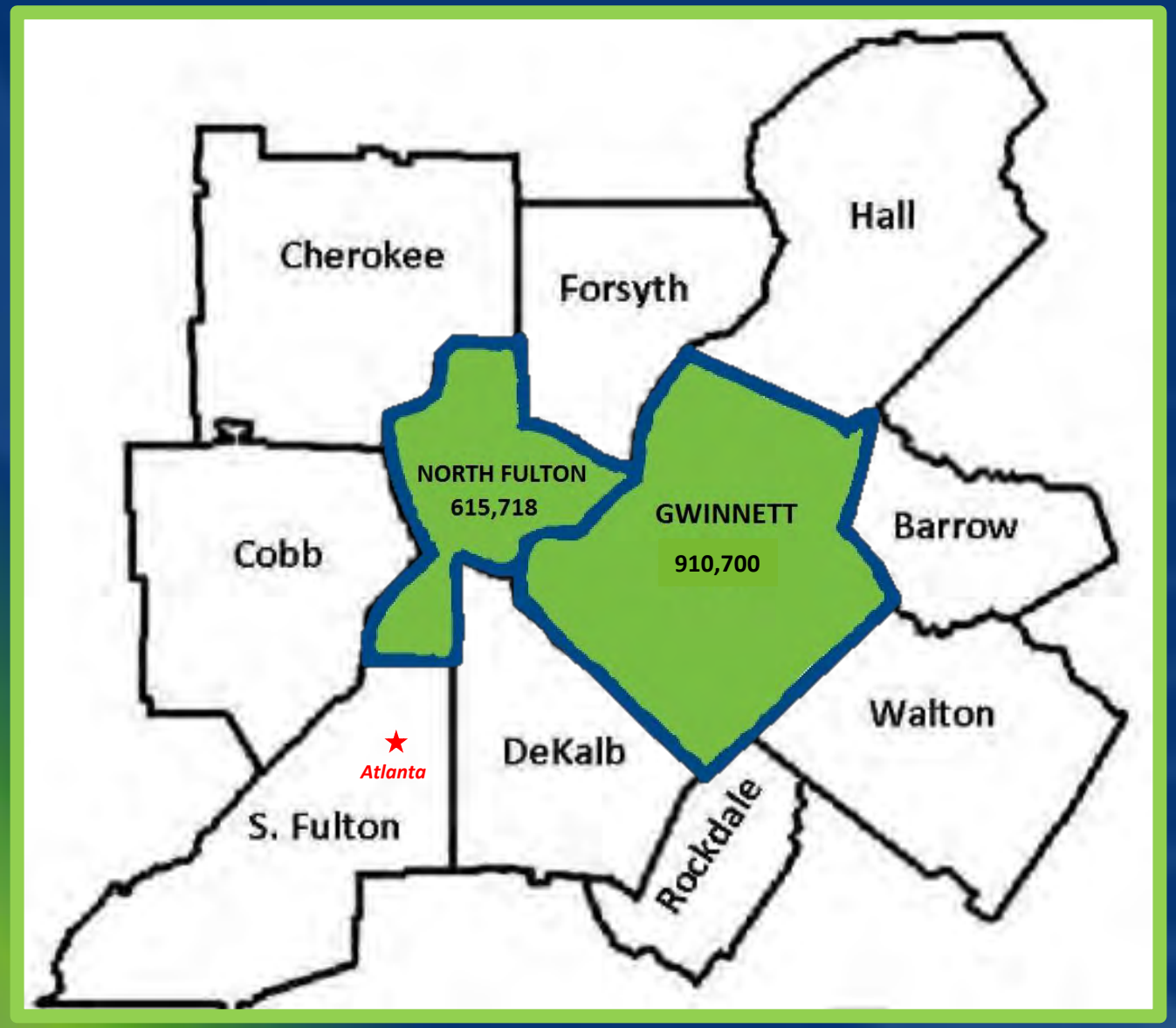
GWINNETT TECHNICAL COLLEGE

Gwinnett Technical College Healthcare Heroes

GWINNETT
TECHNICAL COLLEGE

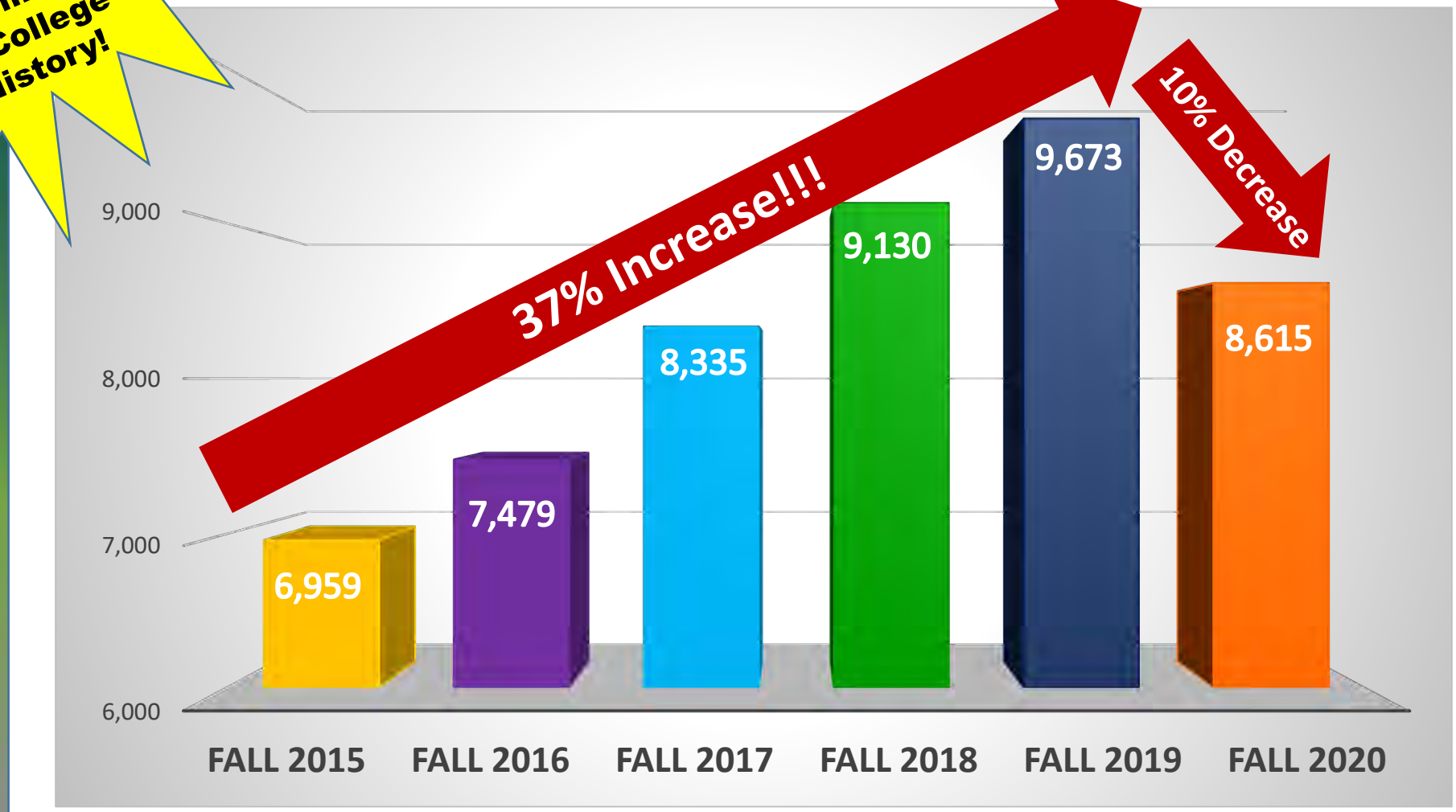
GWINNETT
TECHNICAL COLLEGE

Gwinnett Tech Service Area



Record Enrollment Growth

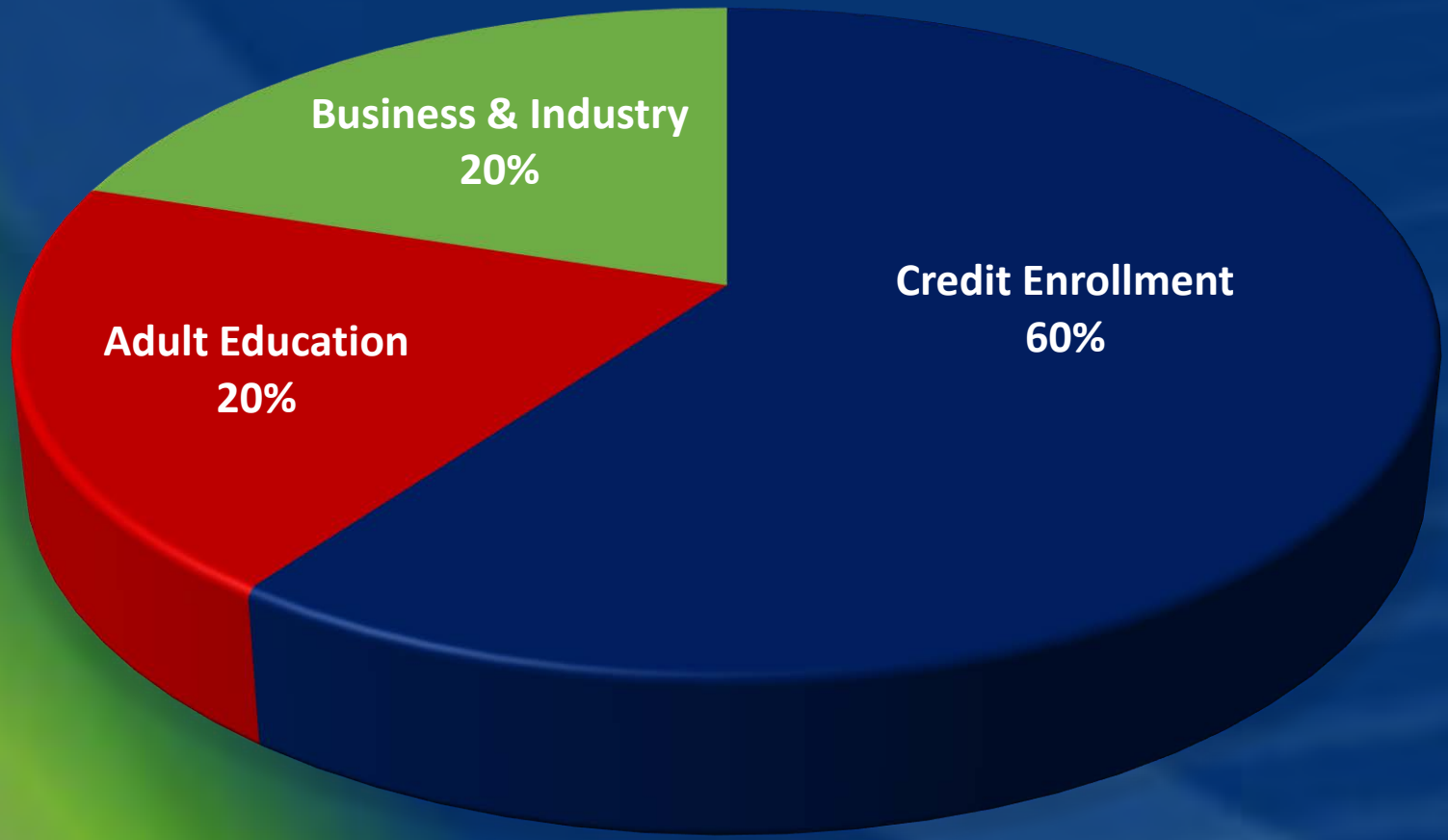
*9,600 Highest Enrollment in College History!



GWINNETT TECHNICAL COLLEGE

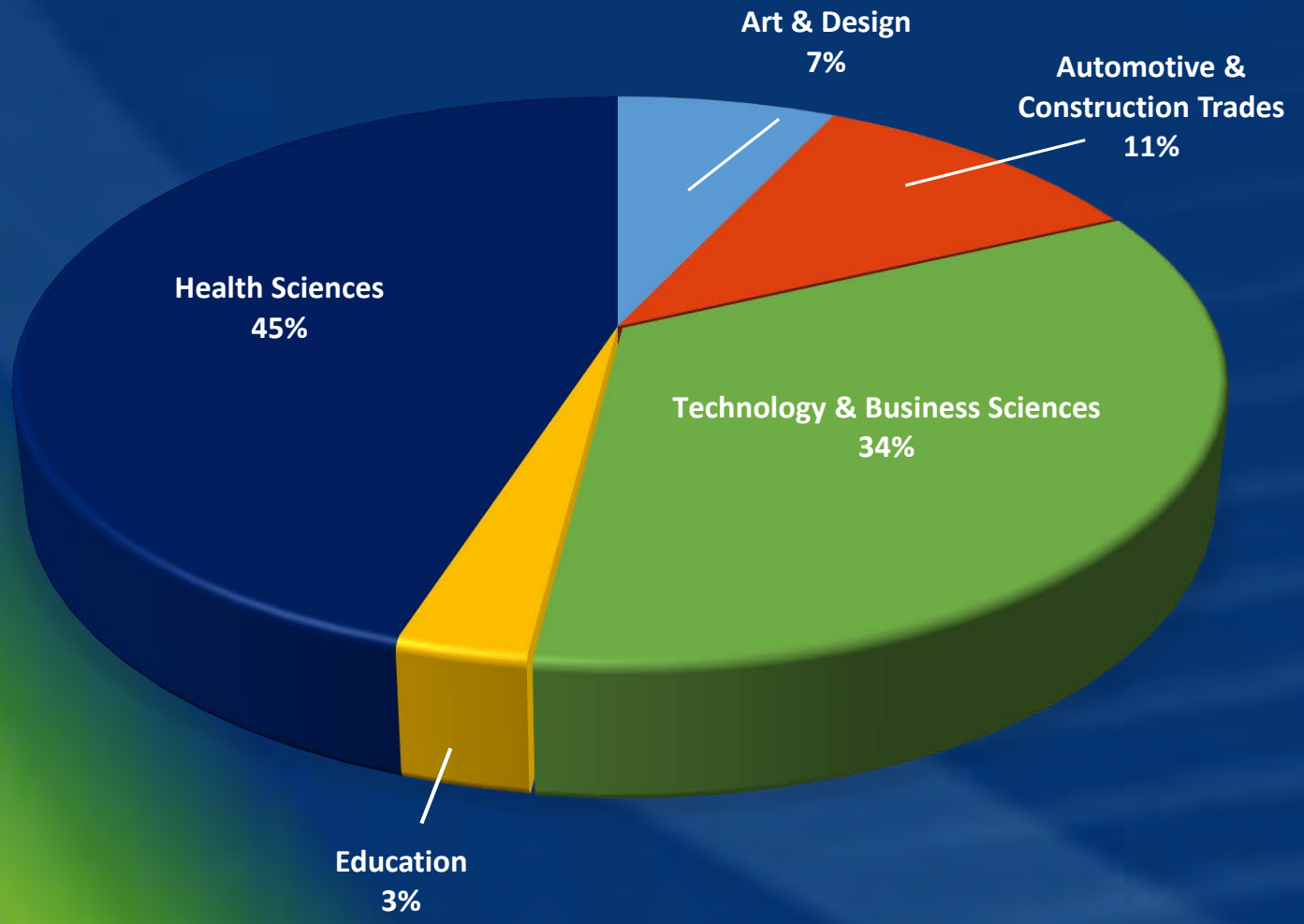
FY20 Enrollment by Mission

> 23,000



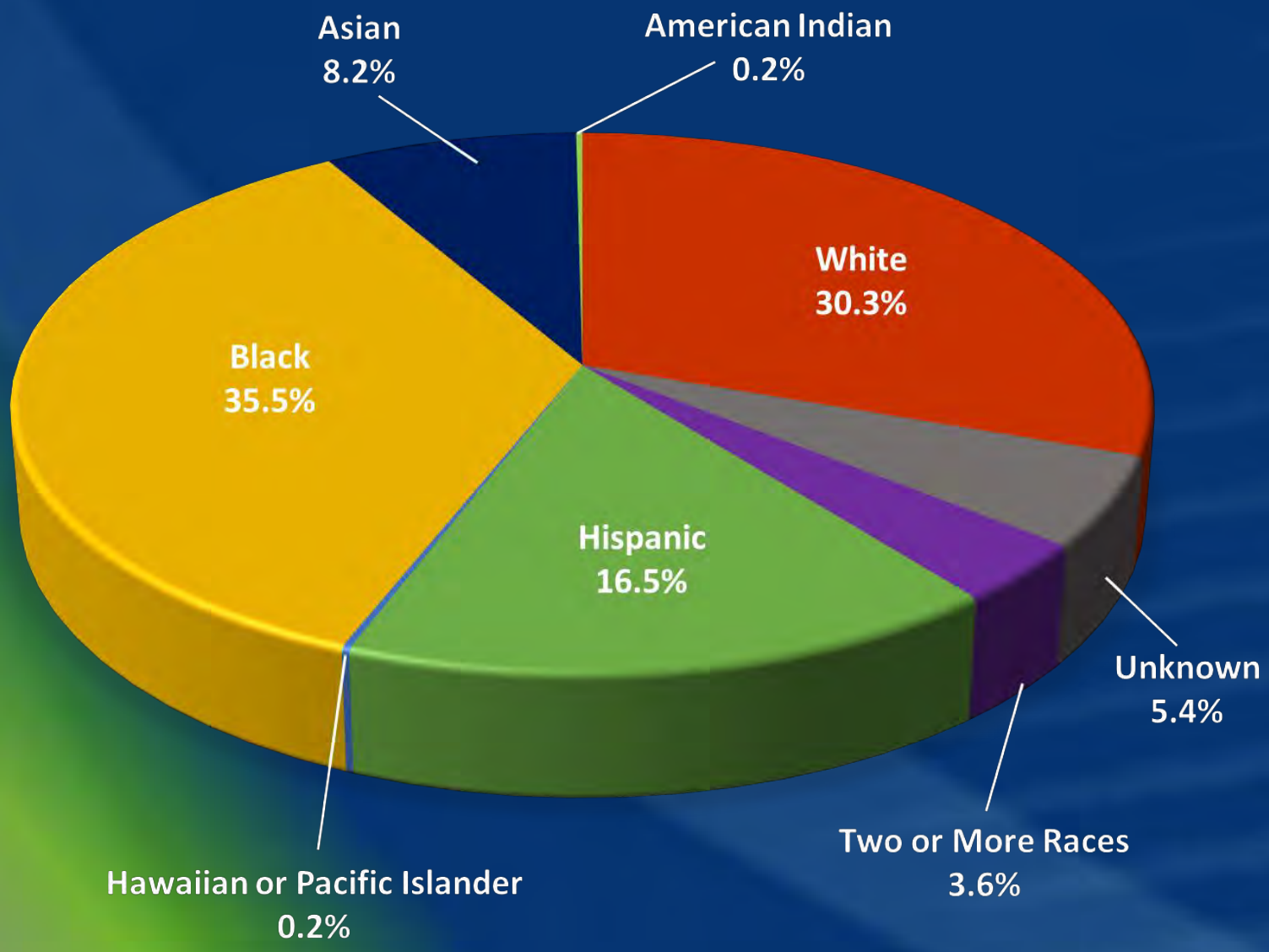
GWINNETT TECHNICAL COLLEGE

Students by Program



GWINNETT
TECHNICAL COLLEGE

Enrollment by Ethnicity



GWINNETT TECHNICAL COLLEGE

Gwinnett Technical College Student Ambassador Program

GWINNETT TECHNICAL COLLEGE


NETT
TECHNICAL COLLEGE
STUDENT AMBASSADOR

Smart People Doing Smart Stuff!

- Open Educational Resources (OER)
- Remedial Education Corequisite Model
- STEM Tutoring Center
- Advisement/Registration System
- GBIT/TEAMS Programs

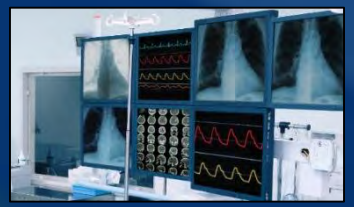
GWINNETT TECHNICAL COLLEGE

GWINNETT TECHNICAL COLLEGE

Over 30 Health Science Programs

ADN – Registered Nurse
Bioscience
*Cardiovascular Tech – Invasive
Certified Nursing Assistant
Clinical Research Professional
*Computed Tomography
Dental Assisting
*Diagnostic Medical Sonography
*Echocardiography Technology
EMS/EMT/EMR
*Health Information Management Technology
*Magnetic Resonance Imaging
Medical Assisting
*Paramedic
*Radiologic Technology
*Respiratory Care
*Surgical Tech
*Veterinary Tech

*100% Licensure/Certification Pass Rate on 1st Attempt

Information Technology Programs

GWINNETT TECHNICAL COLLEGE


Nidec
All for dreams
Fulton County Schools
Where Students Come First
Secureworks
CISCO
BUFORD
Eastside
MEDICAL CENTER
Atlanta
Gas Light
ups
Alcon
peach state
FEDERAL CREDIT UNION
A Smart Place to Bank
MALLORY & EVANS
HEATCRAFT
Worldwide Refrigeration
WikoffColor
CORPORATION
NCR
GEORGIA POWER
A SOUTHERN COMPANY
macy's
Technology
CAREERBUILDER
WIKA
FCA
FIAT CHRYSLER AUTOMOBILES
ERS
ROADS & BRIDGES
GWINNETT COUNTY PUBLIC SCHOOLS
THE HOME DEPOT
SHUMATE
Air Conditioning & Heating
FOOD WELL ALLIANCE
sage
NORTHSIDE HOSPITAL
at&t
LexisNexis
Gwinnett
Medical Center
Lawrenceville • Duluth
PRIMERICA

One College


Gwinnett Tech Lawrenceville Campus

Gwinnett Tech Alpharetta-North Fulton Campus

Two Campuses

Mercedes-Benz USA

GWINNETT TECHNICAL COLLEGE

Veterans Services
#2 in the Nation

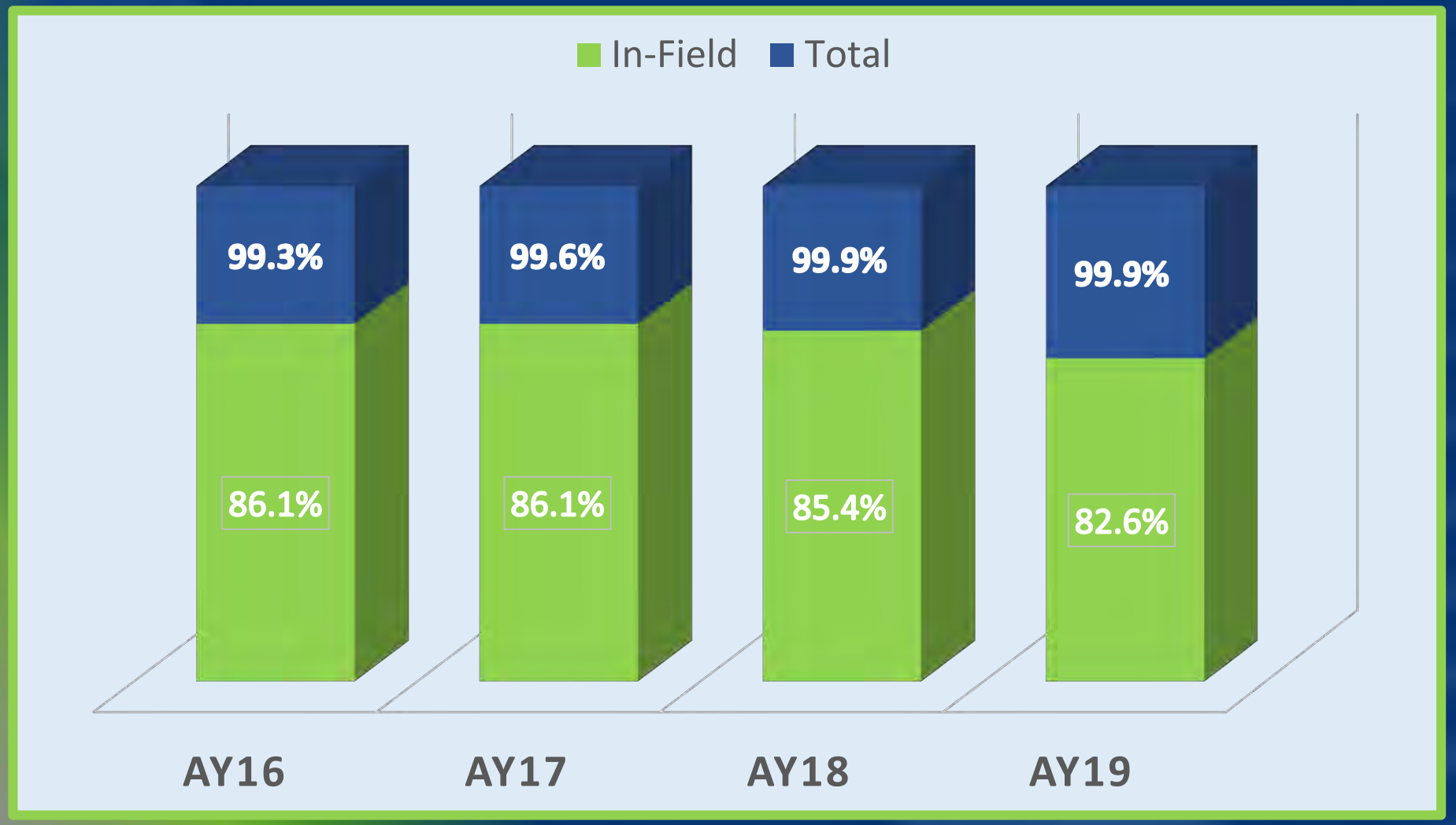
Gwinnett Tech's

LAUNCH POINTE

Clyde Strickland Center for Career Experience

GWINNETT TECHNICAL COLLEGE

Job Placement



GWINNETT TECHNICAL COLLEGE

	a Employee's social security number 123-45-6789	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file — Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN) 11-2233445	1 Wages, tips, other compensation 85,500.00	2 Federal income tax withheld 6,835.00
c Employer's name, address, and ZIP code Sample Company Name. Sample company address, CA 45678	3 Social security wages 50,000.00	4 Social security tax withheld 3,100.00
	5 Medicare wages and tips 50,000.00	6 Medicare tax withheld 725.00
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial: Brandon — Last name: Doe — Suff. Sample employee address, CA 56789 f Employee's address and ZIP code	11 Nonqualified plans	12a See instructions for box 12 — Code D 1500.00
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code DD 1000.00
	14 Other	12c Code P 4,800.00
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
GA	1235	50,000	1,535	50,000	750	MU

Form **W-2** **Wage and Tax Statement** 2019

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

GWINNETT TECHNICAL COLLEGE

BUILDING B VIEW FROM QUAD

Gwinnett Technical College

EDUCATION **THAT WORKS!**

GWINNETT TECHNICAL COLLEGE

VIEW POINT Health
A Total Care Perspective

Board of Directors

appointed by County Commissioners of Gwinnett, Rockdale and Newton Counties

Gwinnett County:
Beauty Baldwin
Lynette Howard
Dr. Clay Hunter (pending)
Louise Radloff
elected official (pending)

Rockdale County:
Lisa Honea (pending)
Bernie Marinelli, Chair
Shayne Nolden
Commissioner Doreen Williams

Newton County:
Chairman Marcello Banes
Keith Ellis
Terria Maxwell
Kathryn Rider (pending)

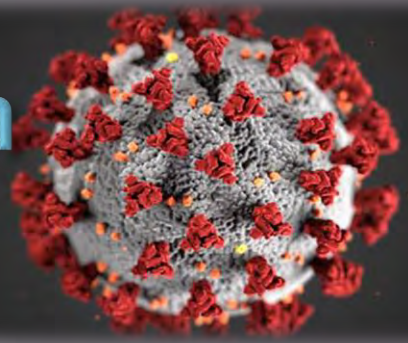
Jennifer Hibbard, CEO
Derek Singleton, CFO

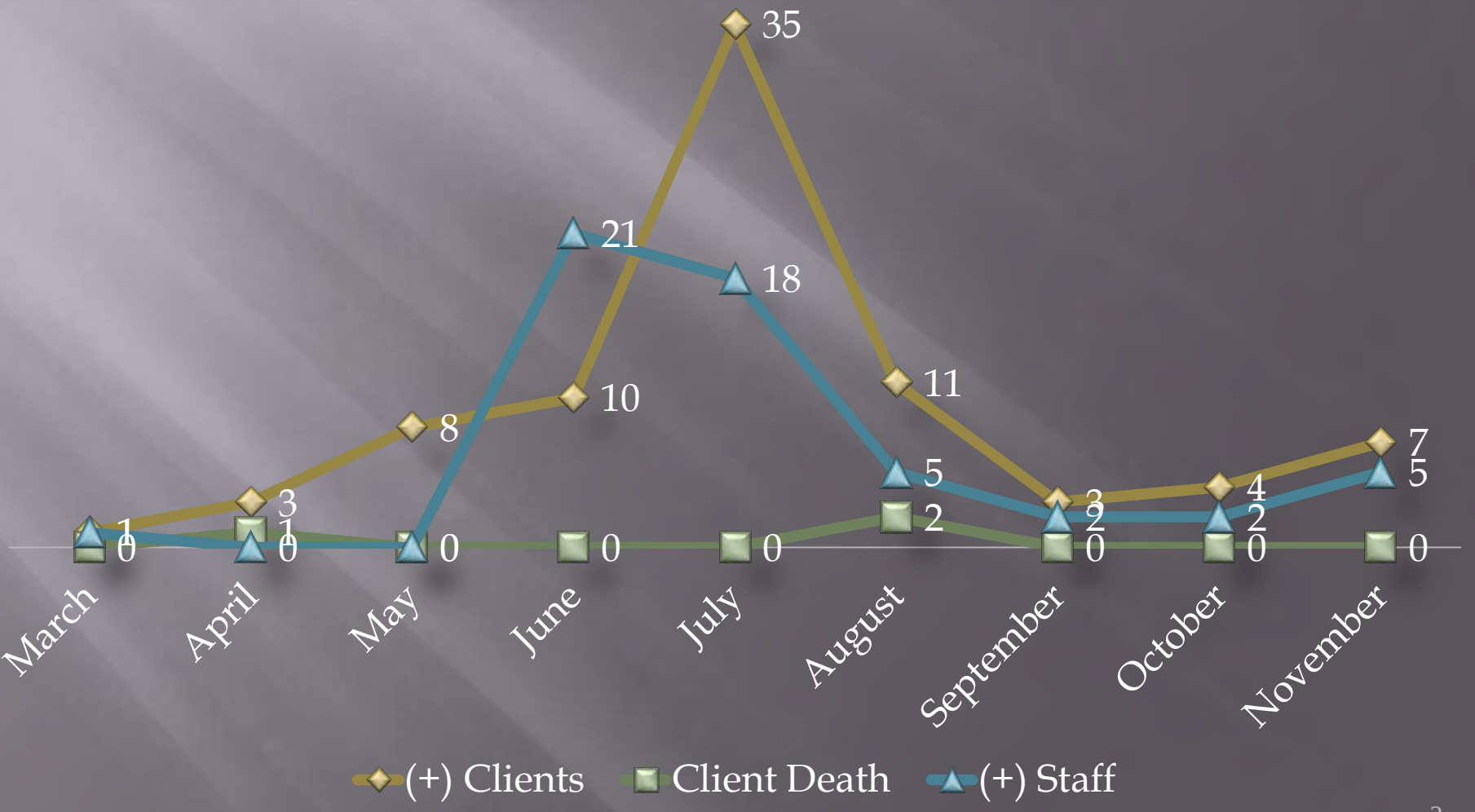
COVID Response

- February Education and Prevention
- Telehealth Waiver
  - Approved March 19th
  - Implemented March 23rd

- March 27th first COVID positive client
- Personal Protective Equipment Stock
  - April 1st
- Binax Rapid Test
  - 1,000
  - Nov 3rd

View Point Health COVID Tracking





COVID Impact on Mental Health

- Anxiety

  25.5%

  8.1%

- Depression

  24.3%

  6.5%

- Suicidal Ideation

  10.7%

  4.3%

- 1 in 10 reported starting or increasing substance use

- 25% reported symptoms of Trauma and Stressor Related Disorder (TSRD)

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf

Gwinnett

Overdose Spike

- March = 3
- April = 12
- May = 10
- June = 14
- July = 8

Data is not mature: still 30 drug related deaths yet to be certified as of mid-November.

Death by Suicide

- Decreased compared to previous year
- 69 by mid-November
- 109 total in 2019

Death by Homicide

- Increased compared to previous year
- 49 by mid-November
- 37 total in 2019

According to Gwinnett Medical Examiner's Office

Comprehensive Service Array

Service Lines

Core Services

5 Outpatient Centers

Therapy and Psychiatric Care

678-209-2411

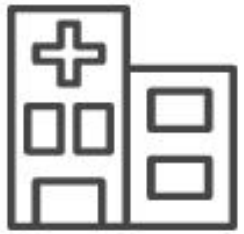
Community

Prevention
Early Intervention
School Based
Re-Entry & Courts
Care Coordination
Intensive Community Treatment
Autism Services

Specialty Services

Day Programs
Residential
Supported Employment

Intellectual & Developmental Disabilities



Acute Services

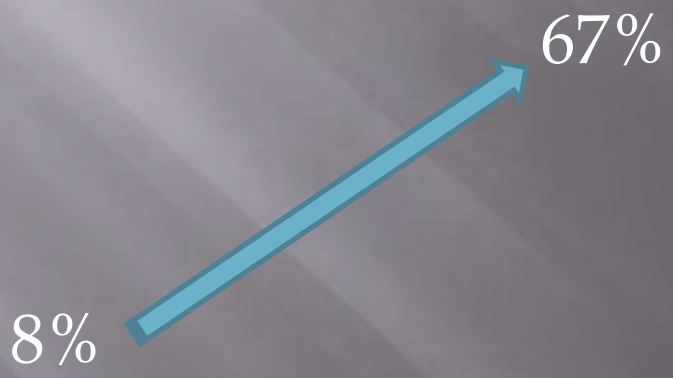
Temporary Observation

Adult and Adolescent Crisis Stabilization Units

Autism Crisis Unit

Core Services

- Outpatient Centers remain open
- Telehealth services implemented



- Centralized Scheduling Department transitioned to working from home with a cloud based phone system

Community Based Services

- All services remained open and accessible
- School based services transitioned to telehealth
- Community partnerships to improve access to resources including:
  - Housing
  - Food
  - Rental Assistance

- Clinical support for Department of Public Health for COVID testing

Specialty Services

- Large group day programming was suspended.
- Implemented Telehealth services
- Sheltering in Place for group homes
- Supporting clients in residential services

- 28-day Substance Use Residential programming remained open with extra screening protocols.

Acute Services

- Adult and Adolescent Crisis Units remain open.
- COVID and budget cuts have decreased our capacity.

- The majority of COVID cases among clients and staff have occurred at crisis units.

- Amid the pandemic we were still able to complete the Autism CSU which will open in a couple of weeks.

501c3 in support of View Point Health

$209,000.00

Direct support to clients

- United Way COVID Relief
- Gwinnett County CARES Act
  - Home First Gwinnett
- Healthcare Foundation of GA
- Kares for Kids









VPH COVID Relief

RELIEF

- CARES Act $748,208
- Appendix K Retainer $334,837.96

GRANTS

- FCC Telehealth up to $315,672 reimbursement
- DBHDD COVID response $106,685
- Suicide Prevention $159,999

Impact of FY21 BUDGET Cuts

Total = <$3,184,627.00>

Adolescent Crisis Unit

- **<$2,449,847.00>**
- Decreased beds from 27 - 16

Adult MH Residential

- **<$131,809.00>**

Housing Outreach Coordinator

- **<$62,588.00>**

Case Management

- **<$19,200.00>**

APEX – School Based Services

- **<$217,846.00>**

Youth Clubhouses

- **MH <$64,650.00>**
- **SA <$125,000.00>**

Supported Employment

- **<$78,720.00> (-16 slots)**

Developmental Disability Family Support

- **<$34,997.00>**

Restoration of Core Funding

Core funding increase to meet demand for services was restored.

- Additional **$1,260,833** annually

- The maximum reimbursement limit for Adult Mental Health core services INCREASED by $105,069 per month.

- No additional funds for Adult Substance Use core services.
  - CAPPED at $575,000 annually
  - COVID has impacted our service volume due to restricting large group services.

Fiscal Responsibility

- Since our inception as a Community Service Board we consistently receive the highest opinion on the annual financial audit.

- Implemented new financial tools to manage future Cash Flow
  - 13-weeks Cash Flow
  - Pro forma financial statements
  - Programmatic Budget with Billing Targets

Compassion

IN ACTION

Early Intervention

- Online screening tools
- Reach out early! Don't wait for a crisis.
- Telehealth for mental health is widely available
- Self-care resources

Advocacy

- DBHDD Appropriations
- Telehealth
- Mental Health Parity

How can you access us?

Georgia Crisis & Access Line (GCAL) 24/7/365

1-800-715-4225

Call or walk in to any of our sites

Central intake: 678-209-2411

www.myviewpointhealth.org

Would you like to take a tour?

Jennifer S. Hibbard, LPC
Chief Executive Officer
678-209-2376
Jennifer.Hibbard@vphealth.org

The CSB Network offers services in all 159 counties of Georgia

Community Service Boards (CSBs) are created in OCGA § 37-2-6 *et seq.* as public corporations and instrumentalities of the state to provide services for mental illness, developmental disabilities, and addictive diseases. There are 23 CSBs across Georgia with Boards of Directors appointed by the governing authorities of the counties within the CSB area

For more information about GACSB or to locate a CSB in your area:

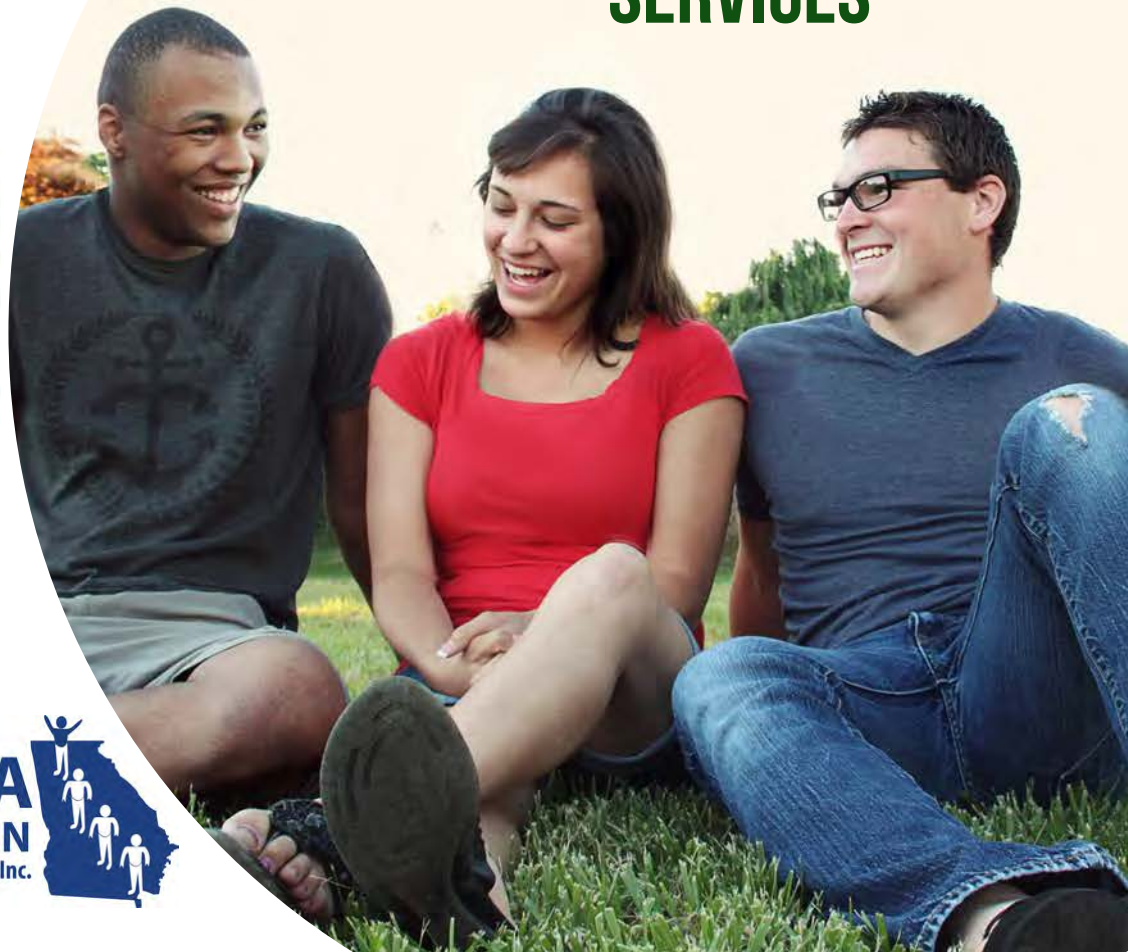
3150 Golf Ridge Blvd. Suite 202
Douglasville, Georgia 30135

www.gacsb.org

(912) 704-1729

GEORGIA ASSOCIATION of Community Service Boards, Inc.

GEORGIA'S PUBLIC SAFETY NET FOR MENTAL HEALTH & SUBSTANCE ABUSE SERVICES



Every year, CSBs help thousands of Georgians on a path to recovery

In the State Fiscal Year of 2018, CSBs served over 29,000 children and adolescents and over 144,000 adults with mental health issues and/or addictive diseases

CSBs support the Mission of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) by providing easy access to high quality care

Providing Care Across the State

CSBs are funded by the Georgia Department of Behavioral Health and Developmental Disabilities to serve eligible persons with serious mental illness and/or addictive diseases who have no (or insufficient) insurance and no other means to pay for treatment. CSBs also serve persons with insurance, especially in areas where CSBs may be the only provider of mental health and addictive disease services

Continuum of Care

CSBs provide a range of treatment and support services depending on clients' needs

Core outpatient Services:
- Case Management
- Counseling
- Crisis Services
- Medication

Specialty Services:
- Crisis Stabilization Units
- Day Programs
- Residential Substance Abuse Treatment
- Supported Employment
- Supported Housing
- Treatment Courts

CSBs also collaborate with other organizations to better serve their communities

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 69 / No. 32
August 14, 2020

Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Mark É. Czeisler[1,2]; Rashon I. Lane MA[3]; Emiko Petrosky, MD[3]; Joshua F. Wiley, PhD[1]; Aleta Christensen, MPH[3]; Rashid Njai, PhD[3]; Matthew D. Weaver, PhD[1,4,5]; Rebecca Robbins, PhD[4,5]; Elise R. Facer-Childs, PhD[1]; Laura K. Barger, PhD[4,5]; Charles A. Czeisler, MD, PhD[1,4,5]; Mark E. Howard, MBBS, PhD[1,2,6]; Shantha M.W. Rajaratnam, PhD[1,4,5]

The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders.* Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019 (*1*,*2*). To assess mental health, substance use, and suicidal ideation during the pandemic, representative panel surveys were conducted among adults aged ≥18 years across the United States during June 24–30, 2020. Overall, 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic† (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%). The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults§ (30.7%), and essential workers¶ (21.7%).

* https://www.medrxiv.org/content/10.1101/2020.04.22.20076141v1.

† Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5) include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others.

§ Unpaid adult caregiver status was self-reported. The definition of an unpaid caregiver for adults was a person who had provided unpaid care to a relative or friend aged ≥18 years to help them take care of themselves at any time in the last 3 months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.

¶ Essential worker status was self-reported. The comparison was between employed respondents (n = 3,431) who identified as essential versus nonessential. For this analysis, students who were not separately employed as essential workers were considered nonessential workers.

INSIDE

Continuing Education examination available at https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Community-level intervention and prevention efforts, including health communication strategies, designed to reach these groups could help address various mental health conditions associated with the COVID-19 pandemic.

During June 24–30, 2020, a total of 5,412 (54.7%) of 9,896 eligible invited adults** completed web-based surveys†† administered by Qualtrics.§§ The Monash University Human Research Ethics Committee of Monash University (Melbourne, Australia) reviewed and approved the study protocol on human subjects research. Respondents were informed of the study purposes and provided electronic consent before commencement, and investigators received anonymized responses. Participants included 3,683 (68.1%) first-time respondents and 1,729 (31.9%) respondents who had completed a related survey during April 2–8, May 5–12, 2020, or both intervals; 1,497 (27.7%) respondents participated during all three intervals (*2*,*3*). Quota sampling and survey weighting were employed to improve cohort representativeness of the U.S. population by gender, age, and race/ethnicity.¶¶ Symptoms of anxiety disorder and depressive disorder were assessed using the four-item Patient Health Questionnaire*** (*4*), and symptoms of a COVID-19–related TSRD were assessed using the six-item Impact of Event Scale††† (*5*). Respondents also reported

** A minimum age of 18 years and residence within the United States as of April 2–8, 2020, were required for eligibility for the longitudinal cohort to complete a survey during June 24–30, 2020. Residence was reassessed during June 24–30, 2020, and one respondent who had moved from the United States was excluded from the analysis. A minimum age of 18 years and residence within the United States were required for eligibility for newly recruited respondents included in the cross-sectional analysis. For both the longitudinal cohort and newly recruited respondents, respondents were required to provide informed consent before enrollment into the study. All surveys underwent data quality screening procedures including algorithmic and keystroke analysis for attention patterns, click-through behavior, duplicate responses, machine responses, and inattentiveness. Country-specific geolocation verification via IP address mapping was used to ensure respondents were from the United States. Respondents who failed an attention or speed check, along with any responses identified by the data-scrubbing algorithms, were excluded from analysis.

†† The surveys contained 101 items for first-time respondents and 86 items for respondents who also participated in later surveys, with the 15 additional items for first-time respondents consisting of questions on demographics. The survey instruments included a combination of individual questions, validated questionnaires, and COVID-19-specific questionnaires, which were used to assess respondent attitudes, behaviors, and beliefs related to COVID-19 and its mitigation, as well as the social and behavioral health impacts of the COVID-19 pandemic.

§§ https://www.qualtrics.com/.

¶¶ Survey weighting was implemented according to the 2010 U.S. Census with respondents who reported gender, age, and race/ethnicity. Respondents who reported a gender of "Other," or who did not report race/ethnicity were assigned a weight of one.

*** Symptoms of anxiety disorder and depressive disorder were assessed via the four-item Patient Health Questionnaire (PHQ-4). Those who scored ≥3 out of 6 on the Generalized Anxiety Disorder (GAD-2) and Patient Health Questionnaire (PHQ-2) subscales were considered symptomatic for these respective disorders. This instrument was included in the April, May, and June surveys.

††† Symptoms of a TSRD attributed to the COVID-19 pandemic were assessed via the six-item Impact of Event Scale (IES-6) to screen for overlapping symptoms of PTSD, ASD, and ADs. For this survey, the COVID-19 pandemic was specified as the traumatic exposure to record peri- and posttraumatic symptoms associated with the range of stressors introduced by the COVID-19 pandemic. Those who scored ≥1.75 out of 4 were considered symptomatic. This instrument was included in the May and June surveys only.

The *MMWR* series of publications is published by the Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30329-4027.

Suggested citation: [Author names; first three, then et al., if more than six.] [Report title]. MMWR Morb Mortal Wkly Rep 2020;69:[inclusive page numbers].

whether they had started or increased substance use to cope with stress or emotions related to COVID-19 or seriously considered suicide in the 30 days preceding the survey.[§§§]

Analyses were stratified by gender, age, race/ethnicity, employment status, essential worker status, unpaid adult caregiver status, rural-urban residence classification,[¶¶¶] whether the respondent knew someone who had positive test results for SARS-CoV-2, the virus that causes COVID-19, or who had died from COVID-19, and whether the respondent was receiving treatment for diagnosed anxiety, depression, or posttraumatic stress disorder (PTSD) at the time of the survey. Comparisons within subgroups were evaluated using Poisson regressions with robust standard errors to calculate prevalence ratios, 95% confidence intervals (CIs), and p-values to evaluate statistical significance ($\alpha = 0.005$ to account for multiple comparisons). Among the 1,497 respondents who completed all three surveys, longitudinal analyses of the odds of incidence[****] of symptoms of adverse mental or behavioral health conditions by essential worker and unpaid adult caregiver status were conducted on unweighted responses using logistic regressions to calculate unadjusted and adjusted[††††] odds ratios (ORs), 95% CI, and p-values ($\alpha = 0.05$). The statsmodels package in Python (version 3.7.8; Python Software Foundation) was used to conduct all analyses.

Overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those with TSRD symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%), and those who reported having seriously considered suicide in the preceding 30 days (10.7%) (Table 1). At least one adverse mental or behavioral health symptom was reported by more than one half of respondents who were aged 18–24 years (74.9%) and 25–44 years (51.9%), of Hispanic ethnicity (52.1%), and who held less than a high school diploma (66.2%), as well as those who were essential workers (54.0%), unpaid caregivers for adults (66.6%), and who reported treatment for diagnosed anxiety (72.7%), depression (68.8%), or PTSD (88.0%) at the time of the survey.

Prevalences of symptoms of adverse mental or behavioral health conditions varied significantly among subgroups (Table 2). Suicidal ideation was more prevalent among males than among females. Symptoms of anxiety disorder or depressive disorder, COVID-19–related TSRD, initiation of or increase in substance use to cope with COVID-19–associated stress, and serious suicidal ideation in the previous 30 days were most commonly reported by persons aged 18–24 years; prevalence decreased progressively with age. Hispanic respondents reported higher prevalences of symptoms of anxiety disorder or depressive disorder, COVID-19–related TSRD, increased substance use, and suicidal ideation than did non-Hispanic whites (whites) or non-Hispanic Asian (Asian) respondents. Black respondents reported increased substance use and past 30-day serious consideration of suicide in the previous 30 days more commonly than did white and Asian respondents. Respondents who reported treatment for diagnosed anxiety, depression, or PTSD at the time of the survey reported higher prevalences of symptoms of adverse mental and behavioral health conditions compared with those who did not. Symptoms of a COVID-19–related TSRD, increased substance use, and suicidal ideation were more prevalent among employed than unemployed respondents, and among essential workers than nonessential workers. Adverse conditions also were more prevalent among unpaid caregivers for adults than among those who were not, with particularly large differences in increased substance use (32.9% versus 6.3%) and suicidal ideation (30.7% versus 3.6%) in this group.

Longitudinal analysis of responses of 1,497 persons who completed all three surveys revealed that unpaid caregivers for adults had a significantly higher odds of incidence of adverse mental health conditions compared with others (Table 3). Among those who did not report having started or increased substance use to cope with stress or emotions related to COVID-19 in May, unpaid caregivers for adults had 3.33 times the odds of reporting this behavior in June (adjusted OR 95% CI = 1.75–6.31; p<0.001). Similarly, among those who did not report having seriously considered suicide in the previous 30 days in May, unpaid caregivers for adults had 3.03 times the odds of reporting suicidal ideation in June (adjusted OR 95% CI = 1.20–7.63; p = 0.019).

[§§§] For this survey, substance use was defined as use of "alcohol, legal or illegal drugs, or prescriptions drugs that are taken in a way not recommended by your doctor." Questions regarding substance use and suicidal ideation were included in the May and June surveys only. Participants were informed that responses were deidentified and that direct support could not be provided to those who reported substance use behavior or suicidal ideation. Regarding substance use, respondents were provided the following: "This survey is anonymous so we cannot provide direct support. If you would like crisis support please contact the Substance Abuse and Mental Health Services Administration National Helpline, 1-800-662-HELP (4357), (also known as the Treatment Referral Routing Service) or TTY: 1-800-487-4889. This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for persons and family members facing mental and/or substance use disorders." Regarding suicidal ideation, respondents were provided the following: "This survey is anonymous so we cannot provide direct support. If you would like crisis support please contact the National Suicide Prevention Lifeline, 1-800-273-TALK (8255, or chat line) for help for themselves or others."

[¶¶¶] Rural-urban classification was determined by using self-reported ZIP codes according to the Federal Office of Rural Health Policy definition of rurality. https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html.

[****] Odds of incidence was defined as the odds of the presence of an adverse mental or behavioral health outcome reported during a later survey after previously having reported the absence of that outcome (e.g., having reported symptoms of anxiety disorder during June 24–30, 2020, after not having reported symptoms of anxiety disorder during April 2–8, 2020).

[††††] Adjusted for gender, employment status, and essential worker status or unpaid adult caregiver status.

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions¶	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder†	Depressive disorder†	Anxiety or depressive disorder†	COVID-19–related TSRD§			
All respondents	**5,470 (100)**	**25.5**	**24.3**	**30.9**	**26.3**	**13.3**	**10.7**	**40.9**
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1
Race/Ethnicity								
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	23.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic**	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1
Unknown	50 (0.9)	38.0	34.0	44.0	34.0	18.0	26.0	48.0
2019 Household income (USD)								
<25,000	741 (13.6)	30.6	30.8	36.6	29.9	12.5	9.9	45.4
25,000–49,999	1,123 (20.5)	26.0	25.6	33.2	27.2	13.5	10.1	43.9
50,999–99,999	1,775 (32.5)	27.1	24.8	31.6	26.4	12.6	11.4	40.3
100,999–199,999	1,301 (23.8)	23.1	20.8	27.7	24.2	15.5	11.7	37.8
≥200,000	282 (5.2)	17.4	17.0	20.6	23.1	14.8	11.6	35.1
Unknown	247 (4.5)	19.6	23.1	27.2	24.9	6.2	3.9	41.5
Education								
Less than high school diploma	78 (1.4)	44.5	51.4	57.5	44.5	22.1	30.0	66.2
High school diploma	943 (17.2)	31.5	32.8	38.4	32.1	15.3	13.1	48.0
Some college	1,455 (26.6)	25.2	23.4	31.7	22.8	10.9	8.6	39.9
Bachelor's degree	1,888 (34.5)	24.7	22.5	28.7	26.4	14.2	10.7	40.6
Professional degree	1,074 (19.6)	20.9	19.5	25.4	24.5	12.6	10.0	35.2
Unknown	33 (0.6)	25.2	23.2	28.2	23.2	10.5	5.5	28.2
Employment status††								
Employed	3,431 (62.7)	30.1	29.1	36.4	32.1	17.9	15.0	47.8
Essential	1,785 (32.6)	35.5	33.6	42.4	38.5	24.7	21.7	54.0
Nonessential	1,646 (30.1)	24.1	24.1	29.9	25.2	10.5	7.8	41.0
Unemployed	761 (13.9)	32.0	29.4	37.8	25.0	7.7	4.7	45.9
Retired	1,278 (23.4)	9.6	8.7	12.1	11.3	4.2	2.5	19.6
Unpaid adult caregiver status§§								
Yes	1,435 (26.2)	47.6	45.2	56.1	48.4	32.9	30.7	66.6
No	4,035 (73.8)	17.7	16.9	22.0	18.4	6.3	3.6	31.8
Region¶¶								
Northeast	1,193 (21.8)	23.9	23.9	29.9	22.8	12.8	10.2	37.1
Midwest	1,015 (18.6)	22.7	21.1	27.5	24.4	9.0	7.5	36.1
South	1,921 (35.1)	27.9	26.5	33.4	29.1	15.4	12.5	44.4
West	1,340 (24.5)	25.8	24.2	30.9	26.7	14.0	10.9	43
Rural-urban classification***								
Rural	599 (10.9)	26.0	22.5	29.3	25.4	11.5	10.2	38.3
Urban	4,871 (89.1)	25.5	24.6	31.1	26.4	13.5	10.7	41.2

See table footnotes on the next page.

TABLE 1. (*Continued*) Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions¶	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder†	Depressive disorder†	Anxiety or depressive disorder†	COVID-19–related TSRD§			
Know someone who had positive test results for SARS-CoV-2								
Yes	1,109 (20.3)	23.8	21.9	29.6	21.5	12.9	7.5	39.2
No	4,361 (79.7)	26.0	25.0	31.3	27.5	13.4	11.5	41.3
Knew someone who died from COVID-19								
Yes	428 (7.8)	25.8	20.6	30.6	28.1	11.3	7.6	40.1
No	5,042 (92.2)	25.5	24.7	31.0.	26.1	13.4	10.9	41
Receiving treatment for previously diagnosed condition								
Anxiety								
Yes	536 (9.8)	59.6	52.0	66.0	51.9	26.6	23.6	72.7
No	4,934 (90.2)	21.8	21.3	27.1	23.5	11.8	9.3	37.5
Depression								
Yes	540 (9.9)	52.5	50.6	60.8	45.5	25.2	22.1	68.8
No	4,930 (90.1)	22.6	21.5	27.7	24.2	12.0	9.4	37.9
Posttraumatic stress disorder								
Yes	251 (4.6)	72.3	69.1	78.7	69.4	43.8	44.8	88
No	5,219 (95.4)	23.3	22.2	28.6	24.2	11.8	9.0	38.7

Abbreviations: COVID-19 = coronavirus disease 2019; TSRD = trauma- or stress-related disorder.

* Survey weighting was employed to improve the cross-sectional June cohort representativeness of the U.S. population by gender, age, and race/ethnicity according to the 2010 U.S. Census with respondents in which gender, age, and race/ethnicity were reported. Respondents who reported a gender of "Other" or who did not report race/ethnicity were assigned a weight of one.

† Symptoms of anxiety disorder and depressive disorder were assessed via the four-item Patient Health Questionnaire (PHQ-4). Those who scored ≥3 out of 6 on the Generalized Anxiety Disorder (GAD-2) and Patient Health Questionnaire (PHQ-2) subscales were considered symptomatic for each disorder, respectively.

§ Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5) include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others. Symptoms of a TSRD precipitated by the COVID-19 pandemic were assessed via the six-item Impact of Event Scale (IES-6) to screen for overlapping symptoms of PTSD, ASD, and ADs. For this survey, the COVID-19 pandemic was specified as the traumatic exposure to record peri- and posttraumatic symptoms associated with the range of stressors introduced by the COVID-19 pandemic. Those who scored ≥1.75 out of 4 were considered symptomatic.

¶ 104 respondents selected "Prefer not to answer."

** The Other race or multiple races, non-Hispanic category includes respondents who identified as not being Hispanic and as more than one race or as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or "Other."

†† Essential worker status was self-reported. The comparison was between employed respondents (n = 3,431) who identified as essential vs. nonessential. For this analysis, students who were not separately employed as essential workers were considered nonessential workers.

§§ Unpaid adult caregiver status was self-reported. The definition of an unpaid caregiver for adults was a person who had provided unpaid care to a relative or friend aged ≥18 years to help them take care of themselves at any time in the last three months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.

¶¶ Region classification was determined by using the U.S. Census Bureau's Census Regions and Divisions of the United States. https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf.

*** Rural-urban classification was determined by using self-reported ZIP codes according to the Federal Office of Rural Health Policy definition of rurality. https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html.

Discussion

Elevated levels of adverse mental health conditions, substance use, and suicidal ideation were reported by adults in the United States in June 2020. The prevalence of symptoms of anxiety disorder was approximately three times those reported in the second quarter of 2019 (25.5% versus 8.1%), and prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019 (24.3% versus 6.5%) (*2*). However, given the methodological differences and potential unknown biases in survey designs, this analysis might not be directly comparable with data reported on anxiety and depression disorders in 2019 (*2*). Approximately one quarter of respondents reported symptoms of a TSRD related to the pandemic, and approximately one in 10 reported that they started or increased substance use because of COVID-19. Suicidal ideation was also elevated; approximately twice as many respondents reported serious consideration of suicide in the previous 30 days than did adults in the United States in 2018, referring to the previous 12 months (10.7% versus 4.3%) (*6*).

Mental health conditions are disproportionately affecting specific populations, especially young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment for preexisting psychiatric conditions. Unpaid caregivers for adults, many of whom are currently providing critical aid to persons at increased risk

TABLE 2. Comparison of symptoms of adverse mental health outcomes among all respondents who completed surveys (N = 5,470), by respondent characteristic* — United States, June 24–30, 2020

Characteristic	Prevalence ratio[¶] (95% CI[¶])			
	Symptoms of anxiety disorder or depressive disorder[†]	Symptoms of a TSRD related to COVID-19[§]	Started or increased substance use to cope with stress or emotions related to COVID-19	Serious consideration of suicide in past 30 days
Gender				
Female vs. male	1.04 (0.96–1.12)	0.88 (0.81–0.97)	0.85 (0.75–0.98)	0.70 (0.60–0.82)**
Age group (yrs)				
18–24 vs. 25–44	1.56 (1.44–1.68)**	1.28 (1.16–1.41)**	1.31 (1.12–1.53)**	1.59 (1.35–1.87)**
18–24 vs. 45–64	3.10 (2.79–3.44)**	2.67 (2.35–3.03)**	3.35 (2.75–4.10)**	6.66 (5.15–8.61)**
18–24 vs. ≥65	7.73 (6.19–9.66)**	5.01 (4.04–6.22)**	8.77 (5.95–12.93)**	12.51 (7.88–19.86)**
25–44 vs. 45–64	1.99 (1.79–2.21)**	2.09 (1.86–2.35)**	2.56 (2.14–3.07)**	4.18 (3.26–5.36)**
25–44 vs. ≥65	4.96 (3.97–6.20)**	3.93 (3.18–4.85)**	6.70 (4.59–9.78)**	7.86 (4.98–12.41)**
45–64 vs. ≥65	2.49 (1.98–3.15)**	1.88 (1.50–2.35)**	2.62 (1.76–3.9)**	1.88 (1.14–3.10)
Race/Ethnicity[††]				
Hispanic vs. non-Hispanic black	1.35 (1.18–1.56)**	1.15 (1.00–1.33)	1.19 (0.97–1.46)	1.23 (0.98–1.55)
Hispanic vs. non-Hispanic Asian	2.27 (1.73–2.98)**	1.59 (1.24–2.04)**	3.29 (2.05–5.28)**	2.82 (1.74–4.57)**
Hispanic vs. non-Hispanic other race or multiple races	1.23 (0.98–1.55)	1.24 (0.96–1.61)	1.99 (1.27–3.13)**	1.89 (1.16–3.06)
Hispanic vs. non-Hispanic white	1.40 (1.27–1.54)**	1.50 (1.35–1.68)**	2.09 (1.79–2.45)**	2.35 (1.96–2.80)**
Non-Hispanic black vs. non-Hispanic Asian	1.68 (1.26–2.23)**	1.38 (1.07–1.78)	2.75 (1.70–4.47)**	2.29 (1.39–3.76)**
Non-Hispanic black vs. non-Hispanic other race or multiple races	0.91 (0.71–1.16)	1.08 (0.82–1.41)	1.67 (1.05–2.65)	1.53 (0.93–2.52)
Non-Hispanic black vs. non-Hispanic white	1.03 (0.91–1.17)	1.30 (1.14–1.48)**	1.75 (1.45–2.11)**	1.90 (1.54–2.36)**
Non-Hispanic Asian vs. non-Hispanic other race or multiple races	0.54 (0.39–0.76)**	0.78 (0.56–1.09)	0.61 (0.32–1.14)	0.67 (0.35–1.29)
Non-Hispanic Asian vs. non-Hispanic white	0.62 (0.47–0.80)**	0.95 (0.74–1.20)	0.64 (0.40–1.02)	0.83 (0.52–1.34)
Non-Hispanic other race or multiple races vs. non-Hispanic white	1.14 (0.91–1.42)	1.21 (0.94–1.56)	1.05 (0.67–1.64)	1.24 (0.77–2)

See table footnotes on the next page.

for severe illness from COVID-19, had a higher incidence of adverse mental and behavioral health conditions compared with others. Although unpaid caregivers of children were not evaluated in this study, approximately 39% of unpaid caregivers for adults shared a household with children (compared with 27% of other respondents). Caregiver workload, especially in multigenerational caregivers, should be considered for future assessment of mental health, given the findings of this report and hardships potentially faced by caregivers.

The findings in this report are subject to at least four limitations. First, a diagnostic evaluation for anxiety disorder or depressive disorder was not conducted; however, clinically validated screening instruments were used to assess symptoms. Second, the trauma- and stressor-related symptoms assessed were common to multiple TSRDs, precluding distinction among them; however, the findings highlight the importance of including COVID-19–specific trauma measures to gain insights into peri- and posttraumatic impacts of the COVID-19 pandemic (*7*). Third, substance use behavior was self-reported; therefore, responses might be subject to recall, response, and social desirability biases. Finally, given that the web-based survey might not be fully representative of the United States population, findings might have limited generalizability. However, standardized quality and data inclusion screening procedures, including algorithmic analysis of click-through behavior, removal of duplicate responses and scrubbing methods for web-based panel quality were applied. Further the prevalence of symptoms of anxiety disorder and depressive disorder were largely consistent with findings from the Household Pulse Survey during June (*1*).

Markedly elevated prevalences of reported adverse mental and behavioral health conditions associated with the COVID-19 pandemic highlight the broad impact of the pandemic and the need to prevent and treat these conditions. Identification of populations at increased risk for psychological distress and unhealthy coping can inform policies to address health inequity, including increasing access to resources for clinical diagnoses and treatment options. Expanded use of telehealth, an effective means of delivering treatment for mental health conditions, including depression, substance use disorder, and suicidal ideation (*8*), might reduce COVID-19-related mental health consequences. Future studies should identify drivers of adverse mental and behavioral health during the COVID-19 pandemic and whether factors such as social isolation, absence of school structure, unemployment and other financial worries, and various forms of violence (e.g., physical,

TABLE 2. (*Continued*) Comparison of symptoms of adverse mental health outcomes among all respondents who completed surveys (N = 5,470), by respondent characteristic* — United States, June 24–30, 2020

Characteristic	Prevalence ratio¶ (95% CI¶)			
	Symptoms of anxiety disorder or depressive disorder†	Symptoms of a TSRD related to COVID-19§	Started or increased substance use to cope with stress or emotions related to COVID-19	Serious consideration of suicide in past 30 days
Employment status				
Employed vs. unemployed	0.96 (0.87–1.07)	1.28 (1.12–1.46)**	2.30 (1.78–2.98)**	3.21 (2.31–4.47)**
Employed vs. retired	3.01 (2.58–3.51)**	2.84 (2.42–3.34)**	4.30 (3.28–5.63)**	5.97 (4.20–8.47)**
Unemployed vs. retired	3.12 (2.63–3.71)**	2.21 (1.82–2.69)**	1.87 (1.30–2.67)**	1.86 (1.16–2.96)
Essential vs. nonessential worker§§	1.42 (1.30–1.56)**	1.52 (1.38–1.69)**	2.36 (2.00–2.77)**	2.76 (2.29–3.33)**
Unpaid caregiver for adults vs. not¶¶	2.55 (2.37–2.75)**	2.63 (2.42–2.86)**	5.28 (4.59–6.07)**	8.64 (7.23–10.33)**
Rural vs. urban residence***	0.94 (0.82–1.07)	0.96 (0.83–1.11)	0.84 (0.67–1.06)	0.95 (0.74–1.22)
Knows someone with positive SARS-CoV-2 test result vs. not	0.95 (0.86–1.05)	0.78 (0.69–0.88)**	0.96 (0.81–1.14)	0.65 (0.52–0.81)**
Knew someone who died from COVID-19 vs. not	0.99 (0.85–1.15)	1.08 (0.92–1.26)	0.84 (0.64–1.11)	0.69 (0.49–0.97)
Receiving treatment for anxiety vs. not	2.43 (2.26–2.63)**	2.21 (2.01–2.43)**	2.27 (1.94–2.66)**	2.54 (2.13–3.03)**
Receiving treatment for depression vs. not	2.20 (2.03–2.39)**	1.88 (1.70–2.09)**	2.13 (1.81–2.51)**	2.35 (1.96–2.82)**
Receiving treatment for PTSD vs. not	2.75 (2.55–2.97)**	2.87 (2.61–3.16)**	3.78 (3.23–4.42)**	4.95 (4.21–5.83)**

Abbreviations: CI = confidence interval; COVID-19 = coronavirus disease 2019; PTSD = posttraumatic stress disorder; TSRD = trauma- or stress-related disorder.

* Number of respondents for characteristics: gender (female = 2,784, male = 2,676), age group in years (18–24 = 731; 25–44 = 1,911; 45–64 = 1,895; ≥65 = 933), race/ethnicity (non-Hispanic white = 3453, non-Hispanic black = 663, non-Hispanic Asian = 256, non-Hispanic other race or multiple races = 164, Hispanic = 885).

† Symptoms of anxiety disorder and depressive disorder were assessed via the four-item Patient Health Questionnaire (PHQ-4). Those who scored ≥3 out of 6 on the Generalized Anxiety Disorder (GAD-2) and Patient Health Questionnaire (PHQ-2) subscales were considered to have symptoms of these disorders.

§ Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5) include PTSD, acute stress disorder (ASD), and adjustment disorders (ADs), among others. Symptoms of a TSRD precipitated by the COVID-19 pandemic were assessed via the six-item Impact of Event Scale (IES-6) to screen for overlapping symptoms of PTSD, ASD, and ADs. For this survey, the COVID-19 pandemic was specified as the traumatic exposure to record peri- and posttraumatic symptoms associated with the range of stressors introduced by the COVID-19 pandemic. Persons who scored ≥1.75 out of 4 were considered to be symptomatic.

¶ Comparisons within subgroups were evaluated on weighted responses via Poisson regressions used to calculate a prevalence ratio, 95% CI, and p-value (not shown). Statistical significance was evaluated at a threshold of a = 0.005 to account for multiple comparisons. In the calculation of prevalence ratios for started or increased substance use, respondents who selected "Prefer not to answer" (n = 104) were excluded.

** P-value is statistically significant (p<0.005).

†† Respondents identified as a single race unless otherwise specified. The non-Hispanic, other race or multiple races category includes respondents who identified as not Hispanic and as more than one race or as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or 'Other'.

§§ Essential worker status was self-reported. The comparison was between employed respondents (n = 3,431) who identified as essential vs. nonessential. For this analysis, students who were not separately employed as essential workers were considered nonessential workers.

¶¶ Unpaid adult caregiver status was self-reported. The definition of an unpaid caregiver for adults was having provided unpaid care to a relative or friend aged ≥18 years to help them take care of themselves at any time in the last three months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.

*** Rural-urban classification was determined by using self-reported ZIP codes according to the Federal Office of Rural Health Policy definition of rurality. https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html.

emotional, mental, or sexual abuse) serve as additional stressors. Community-level intervention and prevention efforts should include strengthening economic supports to reduce financial strain, addressing stress from experienced racial discrimination, promoting social connectedness, and supporting persons at risk for suicide (*9*). Communication strategies should focus on promotion of health services§§§§,¶¶¶¶,***** and culturally and linguistically tailored prevention messaging regarding practices to improve emotional well-being. Development and implementation of COVID-19–specific screening instruments for early identification of COVID-19–related TSRD symptoms would allow for early clinical interventions that might prevent progression from acute to chronic TSRDs. To reduce potential harms of increased substance use related to COVID-19, resources, including social support, comprehensive treatment options, and harm reduction services, are essential and should remain accessible. Periodic assessment of mental health, substance use, and suicidal ideation should evaluate the prevalence of psychological distress over time. Addressing mental health disparities and preparing support systems to mitigate mental health consequences as the pandemic evolves will continue to be needed urgently.

§§§§ Disaster Distress Helpline (https://www.samhsa.gov/disaster-preparedness): 1-800-985-5990 (press 2 for Spanish), or text TalkWithUs for English or Hablanos for Spanish to 66746. Spanish speakers from Puerto Rico can text Hablanos to 1-787-339-2663.

¶¶¶¶ Substance Abuse and Mental Health Services Administration National Helpline (also known as the Treatment Referral Routing Service) for persons and families facing mental disorders, substance use disorders, or both: https://www.samhsa.gov/find-help/national-helpline, 1-800-662-HELP, or TTY 1-800-487-4889.

***** National Suicide Prevention Lifeline (https://suicidepreventionlifeline.org/): 1-800-273-TALK for English, 1-888-628-9454 for Spanish, or Lifeline Crisis Chat (https://suicidepreventionlifeline.org/chat/).

TABLE 3. Odds of incidence* of symptoms of adverse mental health, substance use to cope with stress or emotions related to COVID–19 pandemic, and suicidal ideation in the third survey wave, by essential worker status and unpaid adult caregiver status among respondents who completed monthly surveys from April through June (N = 1,497) — United States, April 2–8, May 5–12, and June 24–30, 2020

	Essential worker† vs. all other employment statuses (nonessential worker, unemployed, retired)				Unpaid caregiver for adults§ vs. not unpaid caregiver			
	Unadjusted		Adjusted¶		Unadjusted		Adjusted**	
Symptom or behavior	OR (95% CI)††	p-value††	OR (95% CI)††	p-value††	OR (95% CI)††	p-value††	OR (95% CI)††	p-value††
Symptoms of anxiety disorder§§	1.92 (1.29–2.87)	0.001	1.63 (0.99–2.69)	0.056	1.97 (1.25–3.11)	0.004	1.81 (1.14–2.87)	0.012
Symptoms of depressive disorder§§	1.49 (1.00–2.22)	0.052	1.13 (0.70–1.82)	0.606	2.29 (1.50–3.50)	<0.001	2.22 (1.45–3.41)	<0.001
Symptoms of anxiety disorder or depressive disorder§§	1.67 (1.14–2.46)	0.008	1.26 (0.79–2.00)	0.326	1.84 (1.19–2.85)	0.006	1.73 (1.11–2.70)	0.015
Symptoms of a TSRD related to COVID–19¶¶	1.55 (0.86–2.81)	0.146	1.27 (0.63–2.56)	0.512	1.88 (0.99–3.56)	0.054	1.79 (0.94–3.42)	0.076
Started or increased substance use to cope with stress or emotions related to COVID–19	2.36 (1.26–4.42)	0.007	2.04 (0.92–4.48)	0.078	3.51 (1.86–6.61)	<0.001	3.33 (1.75–6.31)	<0.001
Serious consideration of suicide in previous 30 days	0.93 (0.31–2.78)	0.895	0.53 (0.16–1.70)	0.285	3.00 (1.20–7.52)	0.019	3.03 (1.20–7.63)	0.019

Abbreviations: CI = confidence interval, COVID–19 = coronavirus disease 2019, OR = odds ratio, TSRD = trauma– and stressor–related disorder.

* For outcomes assessed via the four-item Patient Health Questionnaire (PHQ–4), odds of incidence were marked by the presence of symptoms during May 5–12 or June 24–30, 2020, after the absence of symptoms during April 2–8, 2020. Respondent pools for prospective analysis of odds of incidence (did not screen positive for symptoms during April 2–8): anxiety disorder (n = 1,236), depressive disorder (n = 1,301) and anxiety disorder or depressive disorder (n = 1,190). For symptoms of a TSRD precipitated by COVID–19, started or increased substance use to cope with stress or emotions related to COVID–19, and serious suicidal ideation in the previous 30 days, odds of incidence were marked by the presence of an outcome during June 24–30, 2020, after the absence of that outcome during May 5–12, 2020. Respondent pools for prospective analysis of odds of incidence (did not report symptoms or behavior during May 5–12): symptoms of a TSRD (n = 1,206), started or increased substance use (n = 1,408), and suicidal ideation (n = 1,456).

† Essential worker status was self–reported. For Table 3, essential worker status was determined by identification as an essential worker during the June 24–30 survey. Essential workers were compared with all other respondents, not just employed respondents (i.e., essential workers vs. all other employment statuses [nonessential worker, unemployed, and retired], not essential vs. nonessential workers).

§ Unpaid adult caregiver status was self–reported. The definition of an unpaid caregiver for adults was having provided unpaid care to a relative or friend 18 years or older to help them take care of themselves at any time in the last three months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.

¶ Adjusted for gender, employment status, and unpaid adult caregiver status.

** Adjusted for gender, employment status, and essential worker status.

†† Respondents who completed surveys from all three waves (April, May, June) were eligible to be included in an unweighted longitudinal analysis. Comparisons within subgroups were evaluated via logit–linked Binomial regressions used to calculate unadjusted and adjusted odds ratios, 95% confidence intervals, and p–values. Statistical significance was evaluated at a threshold of $\alpha = 0.05$. In the calculation of odds ratios for started or increased substance use, respondents who selected "Prefer not to answer" (n = 11) were excluded.

§§ Symptoms of anxiety disorder and depressive disorder were assessed via the PHQ–4. Those who scored ≥3 out of 6 on the two–item Generalized Anxiety Disorder (GAD–2) and two–item Patient Health Questionnaire (PHQ–2) subscales were considered symptomatic for each disorder, respectively.

¶¶ Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5) include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others. Symptoms of a TSRD precipitated by the COVID–19 pandemic were assessed via the six–item Impact of Event Scale (IES–6) to screen for overlapping symptoms of PTSD, ASD, and ADs. For this survey, the COVID–19 pandemic was specified as the traumatic exposure to record peri– and posttraumatic symptoms associated with the range of potential stressors introduced by the COVID–19 pandemic. Those who scored ≥1.75 out of 4 were considered symptomatic.

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Summary

What is already known about this topic?

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities.

What is added by this report?

During June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

What are the implications for public health practice?

The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.

administration of the survey in June. No other potential conflicts of interest were disclosed.

References

1. CDC, National Center for Health Statistics. Indicators of anxiety or depression based on reported frequency of symptoms during the last 7 days. Household Pulse Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm
2. CDC, National Center for Health Statistics. Early release of selected mental health estimates based on data from the January–June 2019 National Health Interview Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf
3. Czeisler MÉ, Tynan MA, Howard ME, et al. Public attitudes, behaviors, and beliefs related to COVID-19, stay-at-home orders, nonessential business closures, and public health guidance—United States, New York City, and Los Angeles, May 5–12, 2020. MMWR Morb Mortal Wkly Rep 2020;69:751–8. https://doi.org/10.15585/mmwr.mm6924e1
4. Löwe B, Wahl I, Rose M, et al. A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. J Affect Disord 2010;122:86–95. https://doi.org/10.1016/j.jad.2009.06.019
5. Hosey MM, Leoutsakos JS, Li X, et al. Screening for posttraumatic stress disorder in ARDS survivors: validation of the Impact of Event Scale-6 (IES-6). Crit Care 2019;23:276. https://doi.org/10.1186/s13054-019-2553-z
6. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug Use and Health. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2018. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
7. Horesh D, Brown AD. Traumatic stress in the age of COVID-19: call to close critical gaps and adapt to new realities. Psychol Trauma 2020;12:331–5. https://doi.org/10.1037/tra0000592
8. Hailey D, Roine R, Ohinmaa A. The effectiveness of telemental health applications: a review. Can J Psychiatry 2008;53:769–78. https://doi.org/10.1177/070674370805301109
9. Stone D, Holland K, Bartholow B, Crosby A, Davis S, Wilkins N. Preventing suicide: a technical package of policy, programs, and practices. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control; 2017. https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Self-Care

In a Covid-19 World

With the recent emergence of the Covid-19 pandemic, the **Centers for Disease Control and Prevention (CDC)** and **World Health Organization (WHO)** have offered guidelines to minimize the spread of this extremely infectious virus. You may feel scared when you hear unfamiliar terms recommended to you such as quarantine or social distancing. Please understand that while these feelings of fear are normal, you should try to avoid panic. Continue complying with the recommended isolation precautions, along with other basic measures such as:

- Washing your hands often and using hand sanitizer
- Sneezing/coughing into your elbow or a tissue
- Avoiding touching your eyes, nose, or mouth
- Cleaning and sanitizing surfaces
- Staying home if sick and keeping away from others who may be sick

In this time of uncertainty, we here at View Point Health want to ensure you have access to the most helpful resources available. If you find that you are struggling with feelings of worry or anxiety, please consider engaging in self-care or other healthy behaviors which will help mitigate the distress you may be feeling. Some self-care tips to consider:

- Exercise
- Stick to normal routines as much as possible
- Eat healthy foods
- Enjoy hobbies or other calming activities like reading, playing board/video games or watching movies with your family, listening to music, etc
- Do deep breathing exercises, meditate, or pray
- Begin a journal
- Use Skype, FaceTime, or other video conferencing technology to check-in with family and friends

If the above self-care tips are not helpful, you may need additional assistance. Overwhelming sadness or anxiety, intense anger or extreme stress/irritability, eating or sleeping too much or too little, inability to normally function, among others, may be signs that you should reach out for help. Individuals served may contact their View Point Health Provider and ask about remote assessments via Zoom. Suicidal thoughts should be reported to the **Georgia Crisis & Acess Line (GCAL)** or the **National Suicide Prevention Hotline** right away - these resources are available to you 24/7. **In the event of a medical or psychological emergency, please call 911.**

In addition to the above tips, educating yourself is a good place to start combating any fear you may be experiencing. Visit the **CDC** and **WHO** websites, or other reputable informational sources, for more information.

We understand this is a challenging time for all of us. Please know that the measures you take will help bring this pandemic to an end.

We can all get through this together... We believe in recovery!

Resources:

View Point Health
175 Gwinnett Drive
Lawrenceville, GA 30046
myviewpointhealth.org
(678)209-2411

Georgia Crisis & Access Line (GCAL)
1-800-715-4225

National Suicide Prevention Hotline
1-800-273 TALK (8255)

MentalHealth.gov

National Alliance on Mental Illness
nami.org

Georgia Department of Public Health
Covid-19 hotline 844-442-2681
dph.georgia.gov

State of Georgia
georgia.gov

Centers for Disease Control and Prevention (CDC)
cdc.gov

World Health Organization (WHO)
who.int

Sponsored by:
VIEW POINT Health
A Total Care Perspective
DBHDD Georgia Department of Behavioral Health and Developmental Disabilities
Office of Behavioral Health Prevention

GWINNETT
COUNTY HEALTH DEPARTMENT

Audrey Arona, MD
CEO and Health Director

GWINNETT COUNTY HEALTH DEPARTMENTS

ROCKDALE NEWTON

ACCREDITED HEALTH DEPARTMENT PHAB PUBLIC HEALTH ACCREDITATION BOARD

Contents

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COUNTY HEALTH DEPARTMENT

GWINNETT ROCKDALE NEWTON
COUNTY HEALTH DEPARTMENTS

Gwinnett County Board of Health

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Louise Radloff

Board Vice-chair
Mike Mason
Mayor, Peachtree Corners

County Commission Chair
Charlotte J. Nash

Superintendent
Gwinnett County Public Schools
Alvin Wilbanks

Public Health Consumer
Alan Bier, MD

Appointee by Governing Authority
James Smith, MD

Consumer Representative
Joy Monroe

Our vision

A healthy, protected and prepared community

Our mission

To protect and improve the health of our community by monitoring and preventing disease; promoting health and well-being; and preparing for disasters

GWINNETT

LOCATIONS

District Office
2570 Riverside Parkway
Lawrenceville, GA 30046
770-339-4280
Hours M-F 8a-5p

Adolescent Health Program
Meadowcreek High School
4455 Steve Reynolds Boulevard
Norcross, GA 30093
Follows GCPS schedule

Buford Health Center
2755 Sawnee Avenue
Buford, GA 30518
770-614-2401
Hours M-F 8a-5p

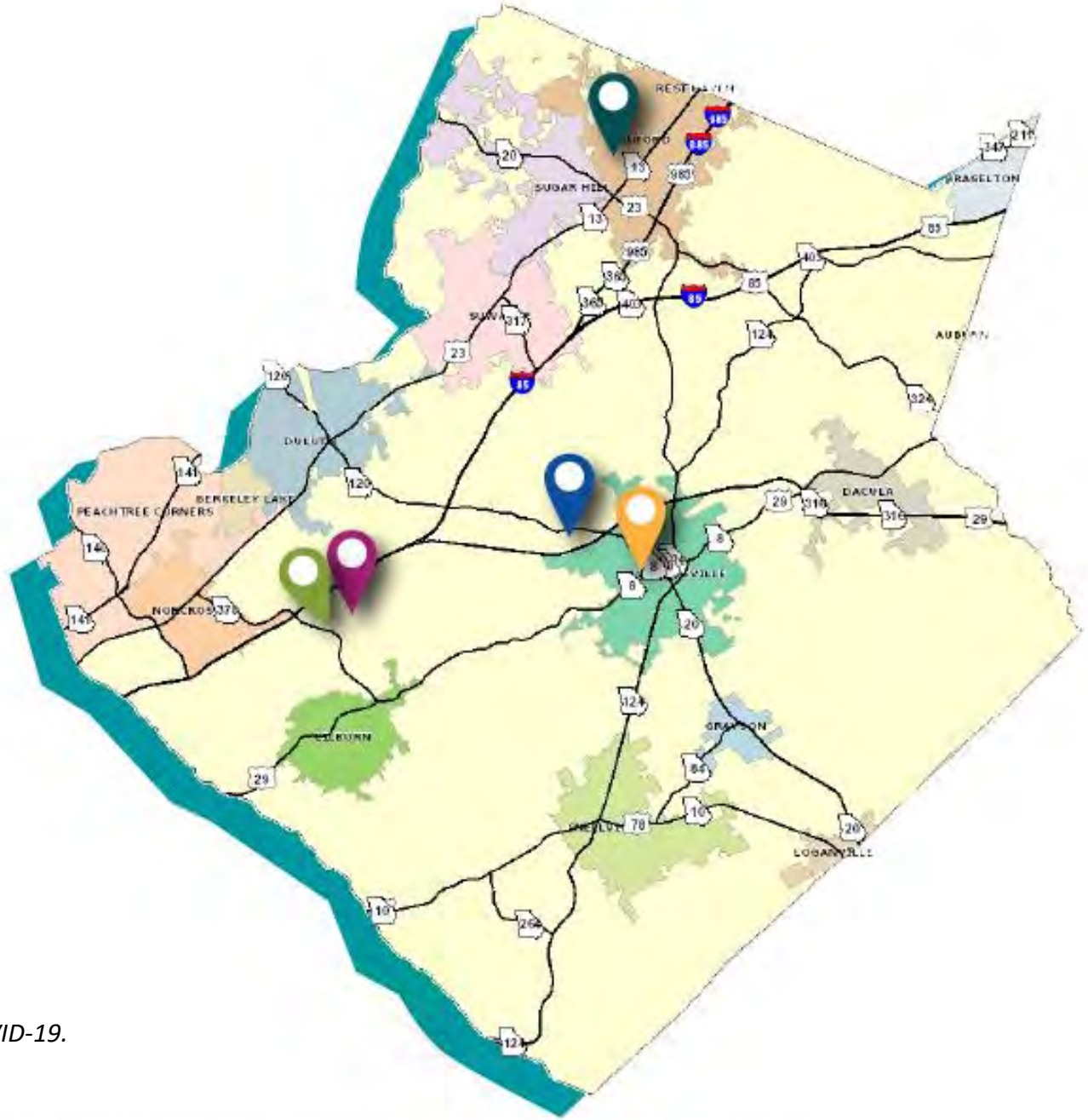
Norcross Health Center
5030 Georgia Belle Court
Norcross, GA 30093
770-638-5700
Hours M-F 8a-5p

Lawrenceville Health Center
455 Grayson Highway
Lawrenceville, GA 30046
770-339-4283
Hours M-F 8a-5p

Preventive Health Center
455 Grayson Highway
Lawrenceville, GA 30046
678-442-6880
Hours M-F 8a-5p

Gwinnett Environmental Health
455 Grayson Highway
Lawrenceville, GA 30046
770-963-5132
Hours M-F 8a-5p

Hours listed are hours during COVID-19.



HEALTH DEPARTMENT

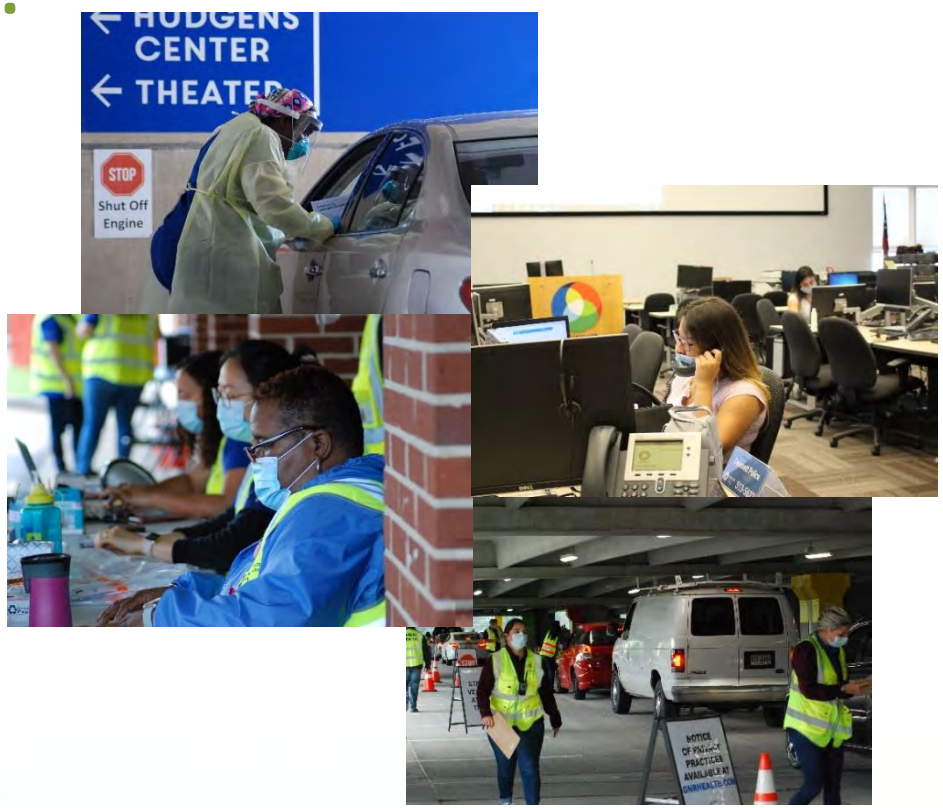
SERVICES

Our health department services touch every person who resides in, works in or visits our county. Our teams work every day, often behind the scenes, to keep *everyone* safe.

Emergency Preparedness
COVID-19 PANDEMIC RESPONSE

We were prepared and will be for the future.

- ✓ **COVID-19 Testing** Nearly 100,000 people tested since April.
- ✓ **Personal Protective Equipment (PPE) Distribution**
  We were the Northeast Georgia distribution hub for PPE.
- ✓ **Emerging Pathogen Updates**
  Epidemiologists provide weekly updates via email and web.
- ✓ **Weekly Partner Calls**
  We hold weekly calls with Gwinnett Municipal Association, community businesses and education partners.
- ✓ **Planning** Mega-testing site at Infinite Energy Center
- ✓ **Massive restructuring of our organization**
- ✓ **Incredible growth in our workforce**



Hours of Overtime 20,376 **MRC Volunteer Hours 2200+**

"A model for the state and nation."

- CDC CRAFT

We're ready to vaccinate our community.

✓ Distribution

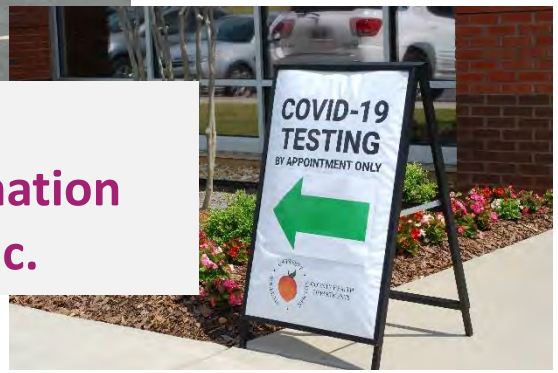
We are locating sites to support mass vaccination when the vaccine becomes more widely available.

✓ Storage

Our Health Department has secured the appropriate freezers to support the extreme low temperatures required by the vaccine makers.

✓ Survey

We launched a community-wide survey to learn more about attitudes, beliefs and barriers regarding the vaccine.



Testing continues throughout vaccination phase of pandemic.

COVID-19 WHERE WE ARE TODAY

as 12/1/20 at 9 AM

WORLDWIDE

63,384,168
Confirmed Cases

1,470,971
Deaths

GEORGIA

422,133
Confirmed Cases

8,778
Deaths

34,824
Hospitalizations

UNITED STATES

13,546,787
Confirmed Cases

268,129
Deaths

GWINNETT

36,754
Confirmed Cases

494
Deaths

3,136
Hospitalizations

14 Day Case Rate

Georgia 285 per 100,000 | 7.8% Positivity
Gwinnett 290 per 100,000 | 8.4% Positivity

Epidemiology

COVID-19 PANDEMIC RESPONSE

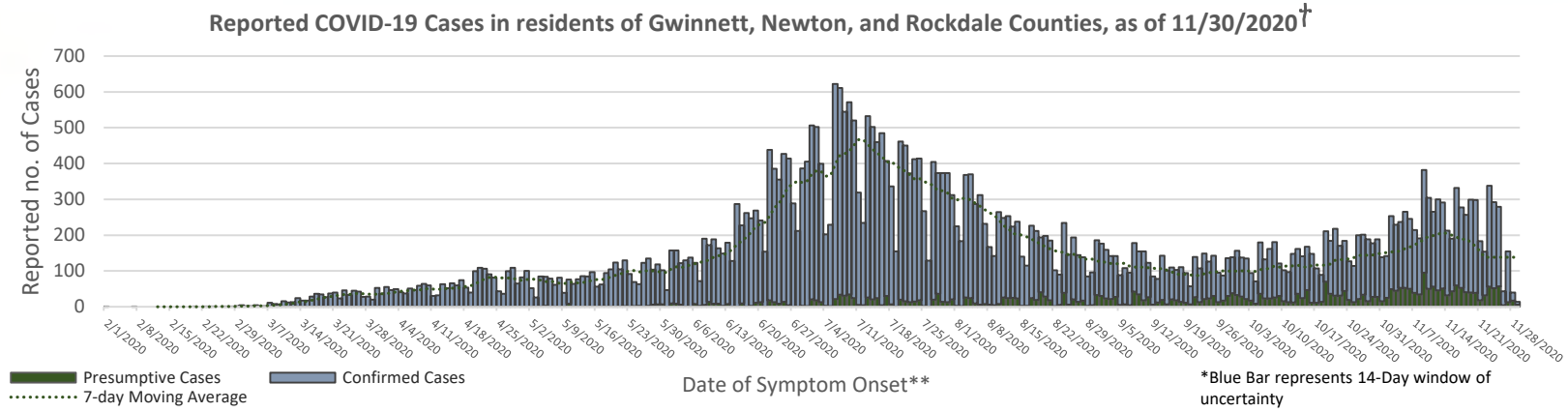
COVID-19 Positive Individuals
As of Tuesday 12/1 at 9:00 AM
36,754 Confirmed

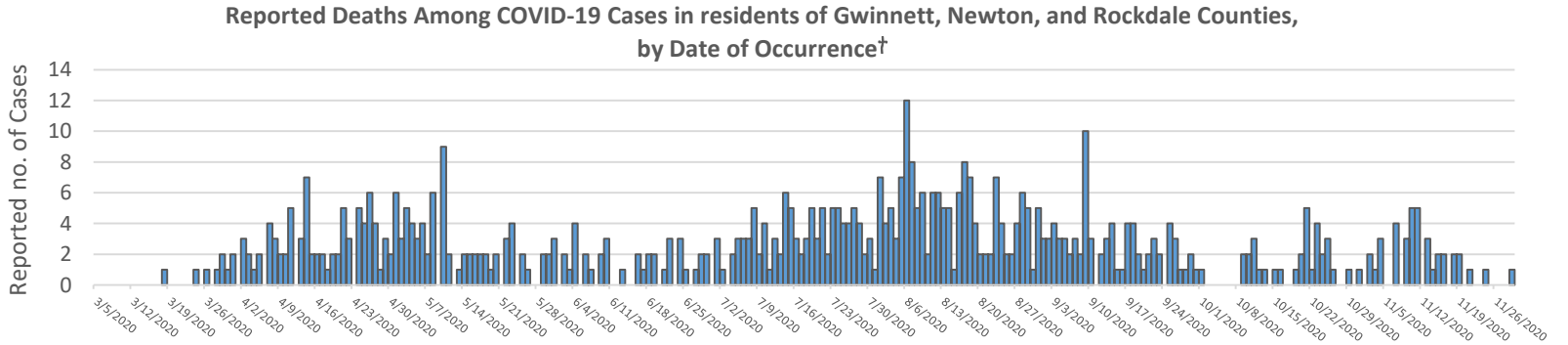
Outbreaks
Data as of Tuesday 12/1 at 9:00 AM
253 reported outbreaks

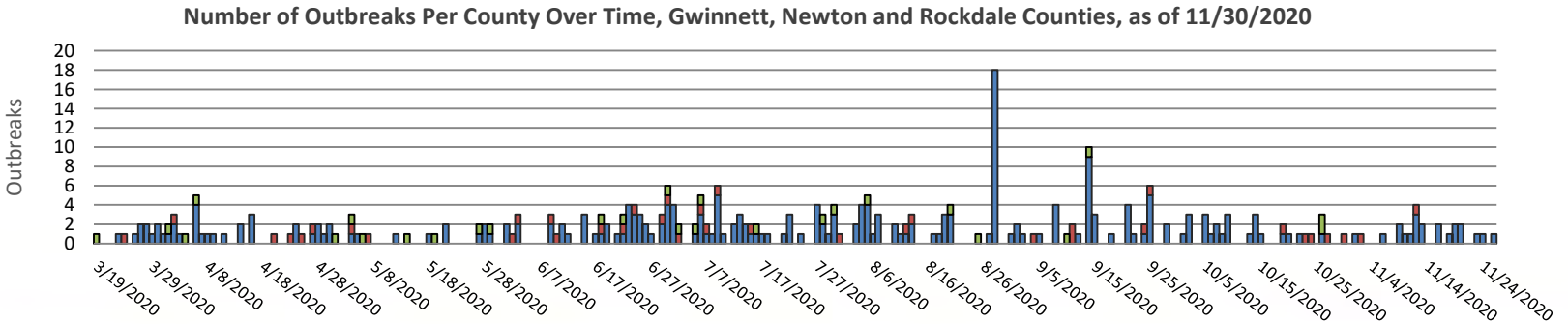
- ✓ **COVID-19 Case Investigation**
  Individuals that test positive with COVID-19 are contacted to provide education and identify contacts.
- ✓ **Emerging Pathogen Updates**
  Our epidemiologists provide LOCAL weekly updates via email and web.
- ✓ **Weekly Partner Calls**
  We hold weekly calls with Gwinnett Municipal Association, faith partners, community businesses and education partners.
- ✓ **Incredible growth in our workforce**
  Staff grew from 4 epidemiologists to 200+.

COVID-19 WEEKLY SNAPSHOT

as 11/30/2020 9 AM







Epidemiology WHAT WE DO VS. WHAT WE DO DURING A PANDEMIC

- ✓ **Provide disease education and prevention information** to the community
- ✓ **Report disease occurrences** to GA Department of Public Health
- ✓ **Investigate reported disease cases and outbreaks**
- ✓ **Implement disease control** in facilities that experience outbreaks

- ✓ **Case investigation for tens of thousands of disease cases**
- ✓ **Provide education and guidance to positive cases.**
- ✓ **Provide weekly calls to our partners to keep our community informed.**
- ✓ **Gather massive amounts of data weekly for emerging pathogen reports distributed to interested medical and community partners.**
- ✓ **Manage hundreds of new staff.**

+

- ✓ **Provide disease education and prevention information** to the community
- ✓ **Report disease occurrences** to GA Department of Public Health
- ✓ **Investigate reported disease cases and outbreaks**
- ✓ **Implement disease control** in facilities that experience outbreaks

Epidemiology FIRST LINE OF DEFENSE AGAINST 84 NOTIFIABLE DISEASES

Your health department monitors individuals with reportable diseases to ensure they have the education and treatment they need to prevent widespread infection in Gwinnett.

We're Gwinnett's first line of defense against over 5,000 non-COVID-19 notifiable disease cases.

ENDING THE EPIDEMIC

HIV Gwinnett is one of 48 counties in the U.S. with highest rate of HIV+ infections. Goal: Reduce number of new HIV diagnoses 90% in 10 years.

PrEP We now offer Pre-Exposure Prophylaxis in our health centers to help protect against HIV infections.

Due to COVID-19, general notifiable disease numbers are down for 2020. Post-COVID-19, the health department expects these numbers to expand.

In addition, due to unused facilities, our county is at an increased risk of other illnesses, like Legionnaires' disease.

We have **ongoing transmission in Gwinnett** of multiple non-COVID-19 reportable diseases:

- Tuberculosis
- HIV/AIDS
- Hepatitis A
- Syphilis
- Perinatal Hepatitis B
- Chlamydia
- Gonorrhea

Environmental Health

The Health Department is responsible for inspecting

- ✓ **1,000+** Public, neighborhood and apartment complex Pools
- ✓ **2,635** Restaurant facilities
  - In 2020, the county added 62 new restaurants and had 126 changes in ownership
- ✓ **100+** tourist accommodations (Hotels/Motels)
- ✓ **1,425** Septic applications in 2020
- ✓ County **doubled** body art establishments

We do this with 24 inspectors.

Environmental Health

WHAT WE DO VS. WHAT WE DO DURING A PANDEMIC

Inspections for:

- ✓ Restaurants
- ✓ Pools
- ✓ Septic
- ✓ Tattoo establishments

- ✓ COVID-19 test site management
- ✓ Call center management
- ✓ Provide operation guidance to restaurants

+

Prioritizing continued inspections for:

- ✓ Restaurants
- ✓ Pools
- ✓ Septic
- ✓ Tattoo establishments

Clinics and Services

WHAT WE DO VS. WHAT WE DO DURING A PANDEMIC

Even during COVID-19, we continued to provide services.

- Immunizations
- WIC
- Breast and Cervical Cancer Screenings
- Child Health
- Dental Care
- Family Planning
- STD Testing and Treatment
- International Travel Clinic
- Pregnancy Case Management
- Children First

GEORGIA WIC Women, Infants & Children

WIC serves over 63,000 people in Gwinnett.

The Women, Infants and Children Supplemental Nutrition Program (WIC) is critical infrastructure that protects the health and well-being of our nation.

WIC services have remained operational during the pandemic at all our locations for our clients to receive their vouchers. We also hosted socially-distanced farmers' markets during the summer.

✓ **We fill in the gaps for individuals and families who don't have access to healthcare and preventive services.**

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GWINNETT
COUNTY HEALTH DEPARTMENT

Comments/Questions
from Gwinnett Delegation

Gwinnett