Department of Behavioral Health and Developmental Disabilities

REGION 2 MHDDAD Regional Planning Board
Fiscal Year 2013 Annual Plan

EXECUTIVE SUMMARY

The Department of Behavioral Health and Developmental Disabilities (DBHDD) Region 2 (R2) service area was established in October 2010 with an expansion of the Department's regions from 5 to 6. This new area is comprised of 5 service areas, which are designated by the major population centers and surrounding counties, i.e. Athens, Augusta, Macon, Milledgeville, and Swainsboro. It is comprised of 33 counties with a total population of 1,247,480. Bibb, Clarke, Richmond, and Columbia Counties have populations in excess of 110,000, with Richmond County having the highest population (199,486). A significant part of R2 consists of widely dispersed rural areas, with 73% of the counties having a population of less than 30,000. The area is served by a total of 77 Developmental Disabilities providers, 58 Adult Behavioral Health Providers and 60 Child and Adolescent Providers.

The DBHDD Divisions of Adult Mental Health and Developmental Disabilities reached an agreement with the Department of Justice in October 2010 related to the Americans with Disabilities ACT (ADA) to increase community services for individuals in institutions for long periods or individuals who are at risk of institutionalization. While compliance with the Settlement Agreement necessitates the course of action in terms of services and goals, the ability to determine the effective use of existing resources and to represent the needs of communities is an integral part of attaining a quality mental health system and, ultimately, preventing readmissions to state hospitals. The R2 Office, which includes behavioral health and developmental disabilities specialists, works to ensure a coordinated and integrated behavioral health delivery system by maintaining cohesion between regional providers and the State, initiating annual and long-range planning, contract monitoring, and providing technical assistance as needed. The ability to sustain the de-institutionalization of consumers is a benchmark in the determination of appropriately utilized services.

The effective utilization of mental health services in terms of strategic placement and decreased utilization of institutional settings to serve individuals living with severe and persistent mental illnesses (MI) is a priority of DBHDD. The following table estimates the prevalence of persons affected with a MI in R2.

Major Depression	83,581	6.70%
Any mood disorder	118,511	9.50%
Bipolar Disorder	32,434	2.60%
Schizophrenia	13,722	1.10%
Any anxiety disorder	225,794	18.10%

Schizophrenia and Bipolar Disorder represent the major categories of severe MI that most frequently lead to hospitalization and, sometimes, institutionalization. Consumers with Severe and Persistent Mental Illness (SPMI) living in community settings have multiple service needs to include medical, social, educational, vocational, and other support services to meet basic needs. In addition, success in community settings is dependent upon the prevention and remediation of crises. Person-centered transition planning provides for highly individualized, holistic treatment plans that identify positive outcomes based on the consumers' strengths and available supports.

Effective transition planning from institutions to communities necessitates the development of partnerships between consumers and providers. All aspects of person-centered treatment planning rely on shared decision-making and consumer-defined outcomes. This process promotes consumer choice, empowerment, and self-reliance. The R2 office is responsible for ensuring that effective transition planning occurs through coordination with East Central Regional Hospital, Central State Hospital and community providers.

The number of consumers with substance abuse issues continues to affect the number of hospital admissions/readmissions and the treatment of dual diagnoses. A recent survey indicates that 47% of individuals with schizophrenia had a substance abuse disorder (more than four times as likely as the general population), and 61% of individuals with bipolar disorder had a substance abuse disorder (more than five times as likely as the general population). This highlights the need for an integrated service approach that incorporates education, training, and planning in both areas, thus, precluding the fragmentation of services and insufficient treatment planning. The comprehensive utilization of integrated services can reduce costs by decreasing the likelihood of relapse and hospital readmissions.

Based on FY08 data the prevalence of youth with Severe Emotional Disturbance (SED) in R2 is 16,521 (8.0%) with 3,970 (24.0%) receiving mental health services. The prevalence of youth with Substance Abuse disorder in R2 is 7,918 (5.76%); of which 217 (2.70%) receive substance abuse services. R2 youth with SED are served at a slightly higher rate than the average in Georgia; however, youth with substance abuse issues are served at a slightly lower rate. Services available to youth with SED and substance abuse issues are Crisis Stabilization, Psychiatric Residential Treatment Facilities (PRTF), Core Services, Intensive Family Intervention, Behavioral Aides, and Substance Abuse Clubhouses. Also available to these youth are the Local Interagency Planning Teams (LIPT). Each county in the region has in place a mandated LIPT comprised of state agencies for youth as well as local MH providers, families and various other community partners. The DBHDD established the LIPT's as a system of care for SED youth. It is based on the Federal Child and Adolescent Service System Program (CASSP) philosophy that has been recognized as defining best practice and preferred systems of care for children and their families, especially those with severe emotional disorders. LIPT's assist communities and families in developing a plan in which to support youth in their communities to reduce risk of out of home placement and recidivism to the PRTF's. Thus, Child and Adolescent services focus on providing community-based, family driven, community guided services. This entails the recognition of the prevalence of substance abuse among youth and the utilization of effective treatment modalities. The following statistics provide an overview of current trends for the State of Georgia:

Youth (12-17) Past Year Dependence, Abuse, and Treatment

Illicit Drug Dependence	18,000 (2.15%)
Illicit Drug Dependence or Abuse	36,000 (4.32%)
Alcohol Dependence	15,000 (1.85%)
Alcohol Dependence or Abuse	35,000 (4.25%)
Alcohol or Illicit Drug Dependence or Abuse	58,000 (7.06%)
Needing But Not Receiving Treatment for Illicit Drug Use	34,000 (4.11%)
Needing but Not Receiving Treatment for Alcohol Use	34,000 4.15%)
Having At Least One Major Depressive Episode	70,000 (8.48%)

**2007 State Estimates (SAMHSA Office of Applied Studies)*

Under the provisions of the ADA Settlement Agreement, Georgia will cease all admissions of individuals with developmental disabilities to state hospitals by July 1, 2011. All individuals with developmental disabilities in the state hospitals who wish to live in the community will transition to community settings by July 1, 2015. Georgia will serve those individuals receiving home and community based waiver-funded services under the Agreement in their own home or their family's home consistent with each individual's informed choice.

A priority for supporting individuals in the community involves developing appropriate crisis services to divert individuals from hospitals as well as creating a database of providers with the capacity to serve individuals with significant behavioral and/or medical needs. Recruitment is ongoing for providers interested in and capable of providing Community Residential Alternative, Community Living Support, Community Access, Supported Employment, Behavioral Support Consultation, and Nursing Services for individuals with complex medical and behavioral needs.

A person-centered approach is the foundation for supporting individuals in the community, keeping in mind the individual's hopes, dreams, and vision of a "life well-lived". The Regional Office takes the lead to assure that individualized plans honor the choices and preferences of each individual, how the individual defines their quality of life, the individual's hopes, dreams, fears and personal goals, the personal relationships present in the individual's life, and how can we help the individual to make these goals and dreams a reality. Quoting Napoleon Bonaparte, "Ability is of little account without opportunity……."

Regional Planning Board Membership

County	Board Member(s)
Baldwin	
Barrow	C.T. Johnson
Bibb	Linda Alexander
Burke	
Clarke	Pearl McLean, NoraWitherspoon, Robert Wentworth
Columbia	Dennis Jones, Doris Simmons
Elbert	Bob Thomas
Emanuel	
Glascock	Vacant
Greene	Vacant
Hancock	Cathy Jackson
Jackson	Vacant
Jasper	Vacant
Jefferson	Vacant
Jenkins	Bobbye Cobb
Lincoln	Vacant
Madison	
McDuffie	Sherri Cunningham
Monroe	
Morgan	Kay Argroves
Oconee	Vacant
Oglethorpe	Marilyn Stone
Putnam	
Richmond	Geneice McCoy
Screven	Gayle Cousar
Taliaferro	Vacant
Twiggs	
Walton	Carol Dearing
Warren	Vacant
Washington	Vacant
Wilkes	Linda Echols
Wilkinson	

Needs Assessment

Regional needs were assessed through a variety of means, including, but not limited to, the following:

- Public comment at Region 2 Planning Board meetings
- Individual feedback presented by individuals, families, advocates, providers, and community representatives
- Department of Behavioral Health & Developmental Disabilities generated data sources. (DDBHDD, Information Management Unit)
- Provider Contact List (# providers)
- Surveys of DD Providers to determine capability, and capability within next year, of serving individuals with significant behavioral and medical needs
- Applicants for DD Services, Long-Term/Short-Term Planning Lists
- Hospital (ICF's/MR and Psychiatric) Reports, i.e. # individuals in hospital, # TIC's, # discharged, # readmissions, #Sheriff Office transports, average length of stay

I. Adult Mental Health

In FY 2011, the Department of Behavioral Health and Developmental Disabilities reached a Settlement Agreement with the U.S. Department of Justice, targeting services to persons with severe mental illnesses resulting in institutionalization or risk of institutionalization. Priority populations include:

Severe and Persistent Mental Illness

- Individuals with severe and persistent mental illnesses being served in state hospitals
- Individuals frequently readmitted to state hospitals
- Individuals frequently seen in emergency rooms
- Individuals who are chronically homeless
- Individuals released from jails or prisons.

The provisions of the Settlement Agreement require that 9000 persons with severe and persistent mental illnesses be served through the following intensive services by 2015:

- Assertive Community Treatment
- Community Support Teams
- Case Management Services
- Crisis Stabilization Units
- Crisis Service Centers (Urgent Care)
- Supportive Housing
- Bridge funding (from institutions to community)
- Supported Employment
- Peer Supports
- Crisis Apartments
- Mobile Crisis Services

Assertive Community Treatment - In FY 2011, the region had Assertive Community Treatment (ACT) teams in Clarke and surrounding counties and in Bibb/Baldwin and surrounding counties. An additional ACT team will be established in Augusta/Columbia before the end of the fiscal year. ACT teams have a geographic radius of about 40 miles or 45 – 60 minutes drive time. Each ACT team can serve 70 – 100 consumers. By 2013, it should be evident whether Region 2 can utilize additional ACT teams.

Community Support Teams, Intensive Case Management and Case Management – These services were not available in FY 2011. DBHDD will establish Community Support Teams, Intensive Case Management, and/or Case Management in areas where the population density does not support ACT, in professional workforce shortage areas and in conjunction with ACT as a step-down. ACT, Community Support Teams, Intensive Case Management and/or Case Management will be available in all counties by 2015.

Crisis Stabilization Programs (CSPs) - CSPs are located in Augusta, Athens, and Macon with 68 beds. The CSP in Augusta serves the Augusta and Swainsboro service areas, the CSP in Athens serves the Athens service area, and the CSP in Macon serves the Macon and Baldwin service areas. In addition to these Emergency Receiving and Evaluating Facilities, East Central Regional Hospital has 90 beds and provides Emergency Receiving, Evaluating and Treatment. The CSP beds were not fully utilized in FY 2011 so additional CSPs are not planned for the area.

Mobile Crisis Services - In FY 2011, mobile crisis services for the Serenity and Ogeechee services areas were available through Behavioral Health Link (BHL). They provide services in the community and in Emergency Rooms in the counties of Richmond, McDuffie, Wilkes, Screven, Jefferson, Emanuel, Jenkins, and Burke. They respond to Emergency Departments at University Hospital, Trinity, Eisenhower Medical, Wilkes Memorial, McDuffie Medical, MCG (C&A only), Screven County Hospital, Burke Medical Center, Emanuel County Hospital, and Jenkins County Hospital. In addition, Ogeechee CSB provides mobile crisis services at the emergency rooms for their catchment area during business hours, with the exception of Jefferson County, where BHL provides 24/7 coverage. River Edge BHS provides crisis intervention services at the Medical Center of Central Georgia and at Oconee Regional Medical Hospital. Advantage CSB provides crisis intervention services at St. Mary's Hospital. In addition to current services, fully mobile crisis intervention services need to be funded and operating in the Advantage, Oconee and River Edge service areas by 2015.

Crisis Services Centers – Crisis Services Centers are walk- in urgent psychiatric care services and will be co-located with emergency rooms. In FY 2011, River Edge CSB established crisis intervention services in the emergency room in Baldwin County. Urgent care services will be fully funded by 2013. This service is particularly needed in Baldwin County, where the demand for psychiatric services is disproportionate to the size of the population. Richmond County and Bibb County have multiple emergency rooms and could support Crisis Services Centers.

Crisis Apartments – Crisis Apartments were not available in R2 in FY 2011. They provide short-term housing and support when individuals experience a disruption in shelter or services or upon re-entry into the community. Region 2 needs crisis apartments in Richmond, Baldwin, Bibb, and Clarke Counties with access given to surrounding counties.

Bridge Funding – A small amount of bridge funding to transition consumers to the community was available in FY 2011; however, additional funding will be available in coming years. Bridge funding will help consumers in the target population set up households in the community.

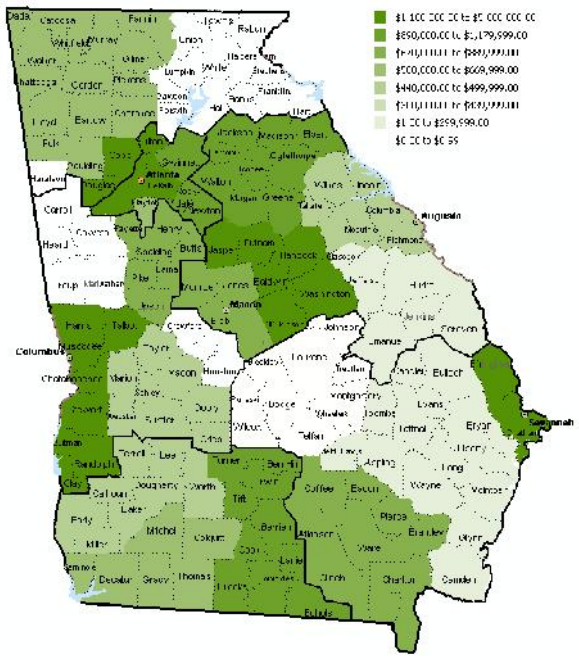
Supported Employment (SE) – R2 had $255,840 allocated to the CSBs in FY 2011, providing 52 SE slots. More Supported Employment is needed in all service areas and more choices for consumers of service providers needs to be created.

Peer Supports – In FY 20011, Peer Support Programs were located in each CSB service area. In addition, the Georgia Mental Health Consumer Network manages a very successful Peer Mentor program that assists consumers transitioning from East Central Regional Hospital and Central Care in Baldwin County. Individual Peer Supports will be available through a Medicaid State Plan Amendment by FY 2012. Additional Peer Support Services are needed throughout the region.

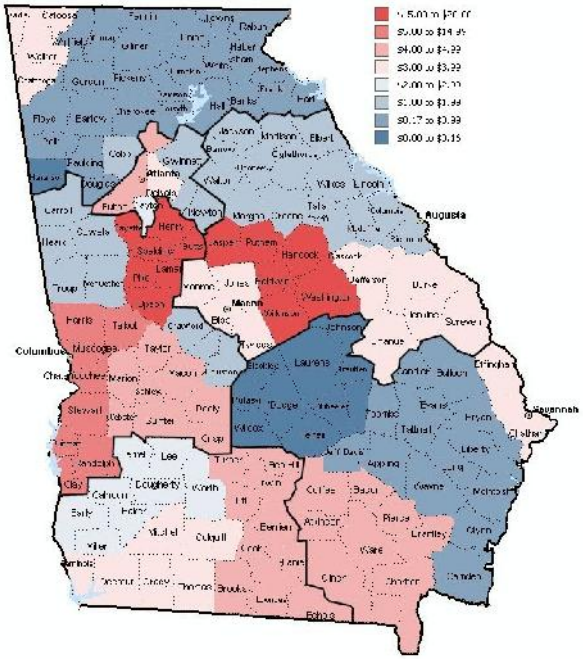
Supportive Housing - The funding allocated for residential services in R2 in FY 2011 follows:

- Advantage Behavioral Health Services - $**896,859.00** – Independent Residential Supports provided in apartments/duplexes.
- American Work, Inc. - $**107,000.00** - Semi- Independent Residential Supports provided in apartments.
- Oconee Community Service Board - $**1,182,180.00** - Intensive Residential Supports, Semi-Independent Residential Supports, and Independent Residential Supports provided in apartments, houses, trailers, duplexes and personal care homes.
- Ogeechee Behavioral Health Services - $**282, 374.00** - Independent Residential Supports and Housing Supplements provided in apartments and personal care homes.
- River Edge Behavioral Health Center - $**251,886.00** – Independent Residential Supports provided in apartments and homes.
- Serenity Behavioral Health Systems - $**368, 147.00** –Independent Residential Supports and housing supplements provided in apartments, duplexes and personal care homes.
- Central Care – **$93,720** - Intensive Residential Supports provided in Community Living Arrangements
- Volunteers of America – **$1,478,204** - Independent Residential Supports provided in apartments.

The following maps display the distribution of DBHDD residential funding statewide and the proportion of funding available in Region 2's service areas and the distribution of funding per capita. The Baldwin service area is the most richly funded in the region is one of the highest funded areas in the state. The Augusta and Athens service areas have the lowest level of per capita funding for residential supports in the region.



State-wide distribution of Residential Funding



State-wide Per Capita distribution of Residential Funding

Types of housing can vary from apartments, personal care homes, duplexes, houses, etc. Service levels vary from visits several times a week to staff being on site 24/7. While DBHDD funds residential services and provides housing supplements, funding for housing is also available through other subsidized housing options, including U.S. Department of Housing and Urban Development (HUD) funding distributed through the Georgia Department of Community Affairs or local Housing Authorities. These programs include Shelter-Plus-Care, Permanent Supportive Housing, Section 8 Housing Choice Vouchers, Section-8 housing, 811 housing, and Emergency Shelter Grants. Other grants, such as federal demonstration grants, are also available. In these programs, individuals pay a portion of the housing expenses based upon income. In addition to residential funding, DBHDD providers can utilize Community Support Services to provide support in individuals' homes.

The need for supportive housing is greater than the current availability. River Edge BHS has worked very successfully developing housing through HUD funds and providing supports through Community Support and Residential funding; however semi-independent and intensive residential supports are not available in Bibb and surrounding counties. Oconee CSB is providing the some of the most intensive residential resources in the region due to a shift of resources from a Crisis Stabilization Unit to residential services in 2009; however, Baldwin and surrounding counties require more resources for people who need semi-independent and independent living arrangements. Richmond, Emanuel, Clarke and surrounding counties need additional independent, semi-independent and intensive residential supports.

II. Child and Adolescent Mental Health and Addictive Diseases

Core Services - There are 32 core providers serving children and adolescents in R2. Core providers are required to provide mental health and substance abuse treatment services. The Macon catchment area has 13 core providers, as does the Athens BHS catchment area. The Augusta catchment area has 9 core providers. The Swainsboro catchment area has 7 core providers and the Baldwin catchment area has 4 core providers. Although there are multiple core providers per CSB catchment area, some counties have only one provider of C&A core services. This limits choice for consumers and increases times for appointment availability. Expansion of providers into additional counties would increase access.

Intensive Family Intervention (IFI) Services - There are 16 different IFI providers serving R2. The Macon catchment area has 10 IFI providers. The Baldwin catchment area has 8 IFI providers. The Augusta catchment area has 5 IFI providers as does the Athens catchment area. The Swainsboro catchment area has 2 IFI providers. Although all CSB catchment areas have multiple IFI providers, some counties do not have an IFI provider servicing their area or only one IFI provider. Expansion of current providers into these areas is needed for choice and availability of intensive services.

Crisis Stabilization Programs (CSP): There are four Child and Adolescent CSPs across the state. River Edge operates a 16-bed unit serving 5-14 year old children and purchases inpatient beds at other facilities if they do not have the capacity to manage a child in their unit. Children from Region 2 can also receive services in any other CSP in the state. However, most children within the region are referred to River Edge or to the CSP in DeKalb County operated by GRN CSB, which serves children ages 14-18 years old. Transportation to and from CSPs may be difficult for families and children are often transported by Sheriff Departments on 1013s. The region needs a psychiatric emergency transportation system serving all counties.

Psychiatric Residential Treatment Facilities (PRTF): There are seven PRTFs throughout the state. In FY 2011, approximately 37-57 children from R2 were served in PRTFs at any given time. There are two PRTFs located within R2, Lighthouse Care Center in Augusta and Macon Behavioral Health Treatment Center in Macon. The Region has adequate PRTF services.

Mobile Crisis Services - In FY 2011, mobile crisis services for the Augusta and Swainsboro services areas were available through Behavioral Health Link (BHL). They provide services in the community and in Emergency Departments in the counties of Richmond, McDuffie, Wilkes, Screven, Jefferson, Emanuel, Jenkins, and Burke. They respond to Emergency Departments at University Hospital, Trinity, Eisenhower Medical, Wilkes Memorial, McDuffie Medical, MCG (C&A only), Screven County Hospital, Burke Medical Center, Emanuel County Hospital, and Jenkins County Hospital. In addition, Ogeechee CSB provides mobile crisis services at the emergency rooms for their catchment area during business hours, with the exception of Jefferson County, where BHL provides 24/7 coverage. River Edge BHS provides crisis intervention services at the Medical Center of Central Georgia and at Oconee Regional Medical Hospital. Advantage CSB provides crisis intervention services at St. Mary's Hospital. Mobile crisis services will be available in all R2 counties by 2015.

Care Management Entity (CME). There are five CMEs currently operating in the state. CMEs use a process called High Fidelity Wraparound to support families. Families are referred to these services either through the Community Based Alternatives for Youth (CBAY) waiver or through meeting certain targeted criteria. GRN CSB serves the Augusta and Athens areas and the Multi-Agency Alliance for Children (MAAC) serves the Athens area. GRN and MAAC serve statewide for CBAY approved individuals along with Chris Kids and Lookout Mountain. River Edge BHS is in training to become a CME as of this writing. The CBAY waiver is a five-year demonstration grant and will need to secure permanent funding by the expiration of the initial grant period. Continuous evaluation of the effectiveness of these services is being done to determine whether funding should be continued.

Clubhouse For Kids – R2 does not have a Clubhouse for Kids; however, this program provides a comprehensive substance abuse treatment model designed to engage children and adolescents and their families in their own recovery. The Clubhouse is a supportive environment where children and adolescents are members. Staff and members work together to perform the jobs of the clubhouse and participate in clinical sessions, social outings, educational supports, and specific clubhouse activities. The Clubhouse Model is a comprehensive program of support and opportunity for recovery and psychological growth. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to "patients" or "clients") and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. Instead, the program focuses exclusively on the strengths of the individual. R2 needs Clubhouses for Kids in all service areas.

Child and Adolescent Substance Abuse Residential Treatment - There are two twenty-four hour, supervised, residential treatment programs for children and adolescents ages 13-17 years old who are in need of a structured residence due to substance abuse. Neither program is located within region 2 but the two are located in the metro area and southern part of the state in order to afford statewide access. There are also four adolescent addictive disease group homes that are state funded and provide a structured temporary living situation for youth ages 13-17 years old dealing with substance related disorders. There is a need to make these services more accessible to children and adolescents and for programming closer to the youths' home communities.

III. Adult Addictive Diseases

Substance abuse is a significant determinant in the number of admissions and readmissions to state hospitals and crisis stabilization units in R2 and across the state. A continuum of care for addiction treatment is needed in order to interrupt this cycle. In addition to Medicaid funds, the R2 contracts with providers for a total of $5,024,005 in state funds and $3,588,339 in federal funds for the following:

Crisis Stabilization Programs - CSPs provide detoxification services and linkage to community treatment (See AMH for access to CSPs.) Over 50% of admissions to CSPs are for detoxification. The CSP beds in R2 were not fully utilized in FY 2011 so additional CSPs are not planned for the area.

Outpatient (Core)Treatment - Contracted providers for outpatient treatment include Advantage BHS (Clarke and surrounding counties), Serenity CSB (Richmond and surrounding counties), American Work (Richmond and surrounding counties), Ogeechee CSB (Emanuel and surrounding counties), Oconee CSB (Baldwin and surrounding counties), and River Edge (Baldwin/Bibb and surrounding counties). Several providers lost AD funding in FY11 due to not providing the level of service required by their contracts. Additional funding for outpatient treatment cannot be justified under the current model; however, more individuals are in need of services than receive them. New treatment approaches are needed to meet this need.

Mobile Crisis Response – Mobile Crisis Teams serve MH and AD. See AMH for access to mobile crisis teams. Mobile crisis services will be available in all counties by 2015.

Residential Treatment – Residential Treatment is available through Oconee CSB, Advantage CSB, and River Edge CSB. Residential treatment capacity is needed in the Serenity CSB service area.

Ready for Work (RFW) – RFW programs provide AD treatment to women and their children y funded largely through Temporary Assistance to Needy Families (TANF). The region has 58 RFW beds. The region has adequate RFW slots.

Social Detox/Ambulatory Detoxification – Social Detox programs are non-medical programs that provide safe and secure environments for individuals to receive support during the initial stages of treatment. Ambulatory Detox programs provide monitoring and medications to individuals in a non-residential setting to allow them to safely detoxify from drugs and alcohol. Ogeechee CSB provides the only Ambulatory Detoxification services available in the region. Oconee CSB provides the only Social Detoxification program operating in R2. Each R2 service area could benefit from having a Social Detox program that is linked to a full continuum of AD treatment.

IV. Developmental Disabilities

Statewide, 669 individuals with developmental disabilities reside in state hospitals with 480 individuals residing in hospitals in Region 2. These two hospitals, Central State Hospital and East Central Regional Hospital, house 164 and 316 individuals respectively. By 2015, all of these individuals choosing to live in a less restrictive setting will be residing in the community. To help transition individuals from the state hospitals to community settings, 750 new Medicaid Waivers (statewide) will be created. The Regional Office is responsible for coordinating discharges with the hospitals, individuals, families, and community providers and for holding providers accountable for implementation of service plans.

Additional Waivers - R2 has 23 individuals who have entered hospitals on Temporary and Immediate Care orders. Those individuals in the hospital when the Settlement Agreement was signed, and who had Medicaid Waiver funding, will be discharged to the community by June 30, 2011. To prevent the institutionalization of individuals currently living in the community and to enhance community services, 400 additional Medicaid Waivers (statewide) will be created.

Family Support - By July 1, 2015, DBHDD will create sufficient family support funding to provide an array of goods and services to 2350 families statewide to enable these families to continue to care for their family member with developmental disabilities at home.

Mobile Crisis Teams - Additional supports for diverting TIC admissions are being developed in R2. In response to a Statement of Need request, a partnership of providers has proposed to develop three teams available to deploy to homes, providers, and emergency rooms to work individually with people in crisis to help them to remain in their homes.

Crisis Homes -Another more intensive support will be available to divert individuals in crisis from state hospitals. Also in response to a Statement of Need request, a partnership of providers has proposed to develop 2 crisis homes in R2 capable of providing more intensive behavioral supports for up to 7 days.

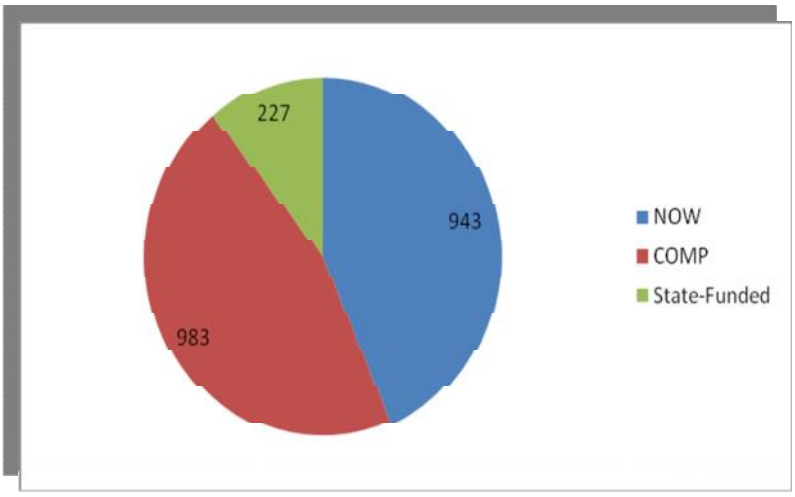
Step-Down Services - After individuals are discharged from Crisis Homes, it is expected that a small percentage will continue to need more extensive supports than their parents or service providers are able to offer. In addition, individuals not known to the Region may need a residence and supports until appropriate services can be put into place in their own or families' homes or, based on their choice, with provider agencies.

Service- and Support Coordination- Providers - Our service system provides a variety of supports for individuals from residential supports to community access to supported employment services. These supports are provided by agencies contracted by the Department of Behavioral Health and Developmental Disability Services. Crucial to the individuals receiving Medicaid Waiver Services, Support Coordination is a service that is provided to each individual, and assists these individuals in accessing medical, social, education, transportation, housing, nutritional, and other needed services.

Additional Needs - Region 2 has 891 individuals with Developmental Disabilities on its Planning List, with 444 on the short term- and 447 on the long term-planning list. The planning

list has decreased by 307 since last year. With assistance from Planning List Administrators, many individuals were able to access state- or waiver-funded DD services or services from other agencies, although some moved to another region or state, or determined that they no longer needed DD-funded services.

There has been a significant increase in individuals served, with 2153 individuals currently receiving services in R2. These individuals entered services in the community from the planning list or from one of Georgia's institutions.

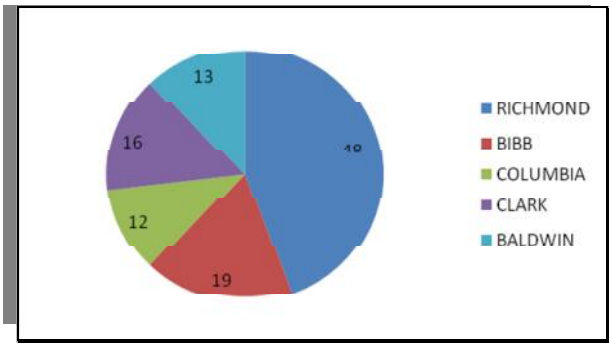


Individuals Receiving DD Services in Region 2

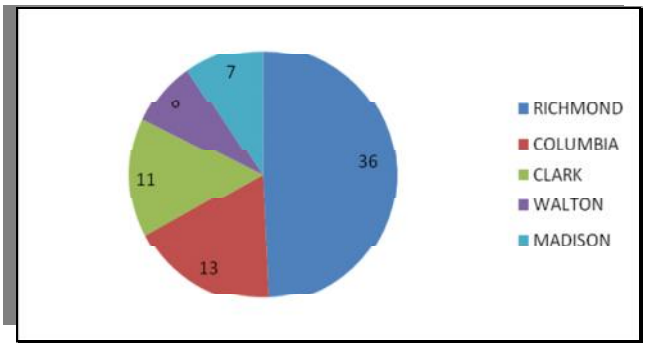
The services most requested by applicants for services are:

Services	Community Residential Alternative	Community Living Support	Community Access	Supported Employment
STPL	163	166	239	144
LTPL	130	106	214	135

The individuals on the planning lists have indicated that these services are most needed in the following counties:



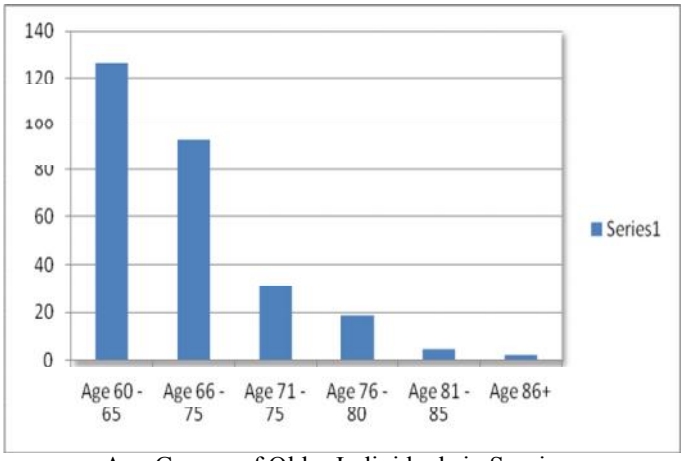
Short-Term Planning List



Long-Term Planning List

By May 30, a total of 61 individuals will be turning 22 and graduating from school. The majority of these individuals have specifically requested Community Access- and Supported Employment- Services.

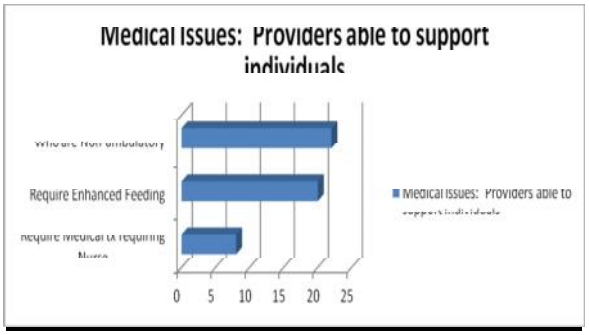
In addition, greater numbers of individuals in services are aging and will need increased services over time. The counties with the highest numbers of aging individuals are Taliaferro, Baldwin, Madison, Emanuel, and Greene. The two oldest individuals currently receiving serves are aged 89 (Emanuel) and 86 (Barrow).



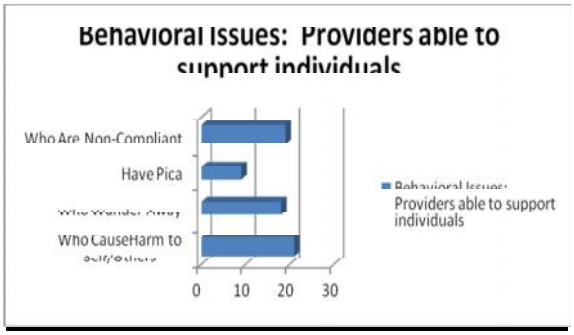
Age Groups of Older Individuals in Services

Another significant need identified by Providers and the Regional Planning Board is transportation. Many individuals reside in rural areas of the region where no public transportation is available, or where passenger trips offered by the DHS Transportation System are limited by space or the ability to transport individuals who are non-ambulatory.

The R2 Office is in the process of surveying DD providers to determine their capability and desire to serve individuals with Complex Medical- and Behavioral support needs. Of 77 providers, 31 have responded to date that they are willing to support these individuals or desire to develop the capability to support these individuals within the next year.



Provider Survey - Medical



Provider Survey - Behavioral

V. Prevention

Suicide Prevention Programs: More than 60% of adolescents and 90% of adults who die by suicide have depression or another diagnosable mental health or substance abuse disorder. Each suicide produces at least 6, and as many as hundreds, of "survivors," or people left behind to grieve. Based on the 766,042 suicides that occurred from 1982 through 2007, it is estimated that the number of survivors in the U.S. is 4.6 million. DBHDD receives $400,000 in state dollars to fund suicide prevention for adults, adolescents, and children. There are currently 3 suicide prevention coalitions in Region 2 that are led by River Edge BHS, Ogeechee BHS and the Oconee Prevention Resource Center, each of which receives a small amount of state funding for purposes of coordination. In addition to state funds, Georgia has a Garrett Lee Smith Memorial federal grant that provides suicide prevention activities in several schools; however, none of those funds are allocated to schools in Region 2. The region needs additional funding to increase suicide prevention activities.

Substance Abuse Prevention Programs– There are 21 providers of Substance Abuse Prevention programs in the region. Prevention models being provided to children and adolescents include Olweus Bullying Prevention Program, Mentoring Programs, Botvin Life Skills Training, Too Good for Drugs, Too Good for Violence, AllStars, Stay on Track, Promoting and Alternate Thinking Strategies. Programs offered for parents include Botvin Life Skills Parenting Component, Nurturing Parenting Program, Parenting Wisely, Parents Who Care, Parents Assuring Student Success, Parents as Teachers. Additional Prevention programs are needed as many youths can benefit from school-based programs.

REGIONAL PLANNING BOARD PRIORITIES

Priority

Inform and educate consumers, families and other community stakeholders regarding the provisions of the American with Disabilities Act Settlement Agreement of October 19, 2010 between the state of Georgia and the United States Department of Justice and the Department's (DBHDD) plans for services.

Rationale

The ADA Settlement Agreement contains provisions for the expansion of community services for adults living with Developmental Disabilities and Mental Illnesses extending into 2015. The citizens of Georgia need to understand the changes planned by the Department that will impact the availability and delivery of services to individuals and families. Likewise, the Department needs to understand the viewpoints of individuals, families and other stakeholders before and during implementation of such provisions in order to ensure that the needs of individuals, families and communities are met in all stages of service changes.

Priority

Create housing, permanent supportive housing and other residential services to support successful community living, recovery and habilitation and to prevent institutionalization and incarceration.

Rationale

Efforts to deinstitutionalize persons living in psychiatric facilities and ICF-MRs have too often led to persons receiving inadequate community services and/or re-institutionalization in nursing homes, jails and prisons. Persons with mental illnesses, developmental disabilities and addictive diseases require varying degrees of supports. These supports must be available in order to avoid the heartbreak and suffering of individuals and families that have accompanied deinstitutionalization efforts too often in the past. Housing with the appropriate level of supports needed and desired by individuals is a prerequisite to successful community living.

Priority

Create and/or purchase opportunities for individuals with disabilities to receive emergency and non-emergency transportation in all parts of the region.

Rationale

Persons with mental illnesses, developmental disabilities and addictive diseases often do not have access to transportation, thus, diminishing opportunities for continuity of care, community integration, and recovery. Family members of persons with disabilities are put into the position of jeopardizing employment due to the need to transport loved ones to services and sometimes have to choose between accessing needed services and sustaining the family economically. Lack of transportation is implicated in a large number of treatment failures. In addition, Sheriffs' Departments transport individuals in crisis to emergency receiving facilities, putting strain on law enforcement resources and exposing individuals to additional emotional trauma.

Priority

Increase supported employment opportunities for individuals with disabilities, including adolescents graduating from high schools.

Rationale

Jobs create opportunities for success and independence that other avenues of support cannot. People living with disabilities may need additional support to find and maintain employment. Jobs provide economic stability, opportunities for community integration, and a sense of accomplishment and are stabilizing influences in people's lives. Assistance to young people graduating from high school in transitioning to employment can set the tone for a lifetime of better functioning, greater independence, and overall well-being.

Priority

Strengthen the continuum of treatment and recovery supports for persons with addictive diseases and co-occurring MH/AD and DD/AD disorders.

Rationale

Substance abuse is a leading cause of many social problems and is a substantial cause of hospitalization and incarceration. Treatment is crucial to improving the lives of individuals with disabilities and their families. While treatment for addictive diseases was not the focus of the ADA Settlement Agreement, the Department's goals cannot be met without incorporating sound treatment and recovery supports for addictive diseases into its plans.

Priority

Develop more services and greater provider capacity in rural areas to families who do not have the ability to access services a distance from their homes.

Rationale

For individuals with developmental disabilities to remain in their own homes, families must be able to work to support them. The development of host homes, Community Living Support Services, Supported Employment and Community Access Services lags behind in counties that are not populous enough to be as financially feasible for providers.

Priority

Increase the funding and capacity for respite services for families with developmentally disabled family members living at home.

Rationale

Families may need minimal assistance to keep loved ones at home, whereas, if that help is not available, the individual may ultimately be placed in residential services at a much greater cost to the family, in guilt, and to the state, financially.