

**Georgia Department of Behavioral Health and Developmental Disabilities
REGION 3 PLANNING BOARD**

Fiscal Year 2013 Annual Plan

Executive Summary

The Department of Behavioral Health and Developmental Disabilities (DBHDD) approved a new structure for our regions on May 17, 2010. This new structure added a sixth region to the state and adjusted the borders of the existing 5 regions. The regional realignment was completed by September 30, 2010. The intent of this new structure was to not only improve the continuity of care and accessibility of our behavioral health system but also to make it more practical for regional staff to provide better service to both the people we serve and the providers.

Within this structural change, Region 3's boundaries and the number of counties within those boundaries reduced. The 'new' Region 3 is comprised of the 6 counties of Fulton, Dekalb, Clayton, Gwinnett, Newton and Rockdale. Region 3 is a very urban region and encompasses the city of Atlanta. These 6 counties have a total population of 3,049,482 or roughly 31% of the state's total population.

Region 3 is home to 3 Community Service Boards, over 200 Behavioral Health and Addictive Disease providers and over 200 Developmental Disability providers that offer one or more of the Medicaid services under the NOW/COMP Waiver. Currently, Region 3 is administering the NOW/COMP waiver to 2,673 individuals.

It has long been said that there are "two Georgia's", greater metropolitan Atlanta and rural Georgia. The differences in greater metropolitan Atlanta and the vast rural areas of Georgia are significant. Region 3 is home to Grady Memorial Hospital, the largest public hospital in the southeast, where averages of 15,000 psychiatric episodes present in one year. Region 3 is also home to Hartsfield-Jackson International Airport, deemed the busiest airport in the United States, where roughly 80,000,000 passengers pass through each year. These factors as well as the dense population, the prevalence of homelessness and the ethnic and racial diversity make Region 3 more complex than other regions.

In October of 2010, our Department of Behavioral Health and Developmental Disabilities reached an agreement with the United States Department of Justice. The ADA Settlement Agreement combined with the Olmstead decision and the prior CRIPA Settlement Agreement have helped to set the foundation for goals and funding for BHDD services over the next five years. The ADA Agreement lays aside the second DOJ lawsuit brought earlier this year under the Americans with Disabilities Act and avoids direct federal control of the state's services for people with Mental Illness and Developmental Disabilities.

The DBHDD agreed to increase access to community services for individuals who have been hospitalized in state institutions for long periods of time and to individuals who were at risk of institutionalization. Plans to increase community services are well underway and as a result, Region 3 has added 5 state funded ACT teams for a total of 7. Also, Region 3 is now home to an Intensive Case Management service, Case Management, and has access to Independent Housing Supports.

Region 3, as well as the rest of the state, has introduced a comprehensive crisis support system for individuals with Developmental Disabilities that began June 1, 2011. This DD crisis system is composed of mobile crisis service, crisis support homes and in-home crisis intervention services. Our DBHDD is committed to there being no more institutional admissions for individuals with Developmental Disabilities after July 1, 2011, another piece of the ADA Settlement Agreement. All individuals with developmental disabilities in state hospitals who wish to live in the community will transition to community settings by July 1, 2015.

Region 3 Planning Board

Given the population of Region 3, the regional planning board should have approximately 60 members charged with planning for BHDD through citizen, consumer, and family input resulting in a written plan that identifies service priorities and feeds into the Department's budgetary process. At present, the Region 3 Planning Board has only 4 members, 3 from Fulton County and 1 from Clayton County, but is actively pursuing meetings with county commissioners to help educate them about the importance of their appointments to this planning board.

Regional Assessment of Need

Data to calculate the findings presented in table below were drawn from the United States Census Bureau, Population Estimates on July 1, 2009 and released June 2010. Since the Census was taken, poverty rates have increased due to unemployment. Accordingly, the fraction of need that is eligible for public funding is probably a lower limit.

Disability Service	Total Population in Region 3	Estimated Number Needing Public Services in Region 3	Number Served in Region 3	Percent of Need Met in Region 3	Percent of Need Met in State
Adult Behavioral Health	2,241,554	31,135	24,430	78%	28.6%
Children and Adolescents Behavioral Health	382,871	30,630	7,112	23.2%	30.6%
Developmental Disabilities (adult and children)	3,049,482	35,069	3,061	8.7%	11.5%
Adult Addictive Disease	2,241,554	53,274	9,892	18.57%	13.71%
Adolescent Addictive Disease	252,339	2,409	357	14.82%	13.53%

Developmental Disability Service Specifics

County	Number of NOW Waiver Recipients	Number of COMP Waiver Recipients	Number on Individuals on Short-term Planning List	Number of Individuals on Long-term Planning List
Clayton	103	173	100	97
Dekalb	378	665	310	294
Fulton	235	331	223	257
Gwinnett	198	363	264	237
Rockdale	34	78	46	27
Newton	42	73	21	18
Region Totals	990	1683	964	930

Region 3 Planning Board Priorities

Each year the Georgia Mental Health Consumer Network sponsors a consumer conference. Each year the consumers attending identify their top 5 priorities as it relates to services. The top 5 priorities identified at the conference in August of 2010 are as follows:

- 1 – Affordable Housing
- 2 – Transportation
- 3 – Jobs, Employment, Supported Employment
- 4 – Educational Opportunities, Supported Education
- 5 – Higher Wages for Certified Peer Staff

In addition to these identified priorities, the Region 3 Planning Board supports the Department's priorities which are spelled out in the Settlement Agreement. The settlement agreement includes priority populations to be served. These priority populations are:

- Persons with Developmental Disabilities who would otherwise be served in ICF/MR facilities.
- Persons with serious and persistent mental illness who:
 - are currently being served in State Hospitals
 - are frequently readmitted to State Hospitals
 - are frequently seen in emergency rooms
 - are chronically homeless
 - are being released from jails or prisons

Under the agreement, as it relates to developmental disabilities, the priorities for FY 2013 include:

- Continue to transition all individuals with DD in state hospitals to community settings.
- Continue to create 1150 home and community based waivers for individuals with DD to be served in their own home or their family's home consistent with each individual's informed choice.
- Continue to expand family supports to 2350 families of individuals with DD to help those families continue to care for a family member with DD at home.
- Continue to develop crisis respite homes to provide respite services to individuals with DD.

Under the agreement, as it relates to Mental Health, the priorities for FY 2013 include:

- Continue to serve the priority populations with severe and persistent mental illness in the community.
- Continue to develop 7 assertive community treatment teams (ACT) that operate with fidelity to the Dartmouth ACT model.
- Continue to develop Intensive Case Management teams, comprising 10 full-time case managers per team, which coordinate treatment and support services and assist individuals with accessing community resources.
- Continue to develop Case Management service providers that coordinate treatment and support services and help maintain services and supports already in place.
- Continue to establish Crisis Stabilization Units (CSU) to provide walk-in psychiatric and counseling services in a center that is clinically staffed 24 hours per day, 7 days per week, to receive individuals in crisis.
- Continue to develop mental health mobile crisis teams in all 6 counties in Region 3 to respond to individuals experiencing a crisis anywhere in the community.
- Continue to develop Crisis Apartments to serve as an alternative to CSU's and to psychiatric hospitalizations.
- Continue to develop the capacity to provide Supported Housing for individuals with severe and persistent mental illness who meet the settlement priority populations.

- Continue to expand Supported Employment, in accordance with an evidence-based supported employment model, to individuals with severe and persistent mental illness who meet the settlement priority populations.
- Continue to expand Peer Support services to individuals.

The Region 3 Regional Planning Board remains dedicated to the DBHDD vision of every person who participates in our services leads a satisfying, independent life with dignity and respect. As such, the Planning Board is devoted to the Mission of the DBHDD to provide and promote local accessibility and choice of service and programs for individuals, families, and communities through partnerships, in order to create a sustainable, sufficient and resilient life in the community.