

**DBHDD REGION FIVE**  
**PLANNING BOARD:**  
**2013 ANNUAL PLAN**

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## 1. EXECUTIVE SUMMARY

The **Department of Behavioral Health and Developmental Disabilities** (DBHDD) Regional Planning Boards share the state's obligation and responsibility to plan service delivery systems that focus on a core set of consumer-oriented, community-based values and principles. Regional Planning Boards provide and facilitate coordinated and comprehensive planning for their regions in conformity with standards established by the DBHDD State Office. DBHDD utilizes Regional Planning Boards to develop annual plans, which include identifying service needs, specifying service priorities and service gaps for their areas of the state.

The **Region 5 Regional Planning Board** gathers information about regional mental health, developmental disability, and addictive disease and prevention services and provides a comprehensive assessment of service priorities for the region. It focuses on long-range service system priorities that are person-centered, comprehensive, accessible, and adaptable to meet the needs of consumers and family members with a primary goal of supporting people adequately so they may either remain in or return to their local community with access to necessary services and supports.

**Local needs** for the 34 counties of Region 5 were assessed based upon informal feedback received from people participating in MHDDAD services and family members; presentations made by provider organizations; and information gained from meetings with other social services agencies, judicial/legal representatives, faith-based organizations and school systems. Community Forums and review of regional demographics were the primary formal approaches used to gather additional information.

In Region 5, at any given time nearly **15,000** adults with serious mental illness, over **5,000** youth with serious emotional disorders, nearly **3,000** adults with addictive disease disorders, and over **150** youth with addictive disease disorders are being served through community based mental health and addictive disease programs. In addition over **1,700** people with developmental disabilities are being served in developmental disability programs. As of April 2011 there were 642 people on the Region 5 Planning List (373 Short term Planning List, 269 Long Term Planning List)

**Service penetration rates** in Region 5 exceeded the state average in three (3) areas; Adults with Serious Mental Illness (35.2% vs. state average 28.6%), Youth with Serious Emotional Disorders (50.5% vs. state average 30.6%), and individuals with Developmental Disabilities (14.2% vs. state average 11.5%). Service penetration rates for which Region 5 was below the state average included Adult with Addictive Diseases (9.39% vs. state average 13.71%) and Youth with Addictive Disease (9.51% vs. state average 13.53%).

Challenges that need to be addressed include not only the demand for resources which surpasses the capacity, but also inherent systemic barriers that exist among public and private agencies. However, Region 5 is benefitting from the expansion of community based disability services as a result of the implementation of the ADA Settlement Agreement by DBHDD.

In **FY2012** the following mental health services/supports were added to Region 5 including; supported housing vouchers, bridge funding, supported employment, case management, a community support team, and another Assertive Community Treatment team. For this same period resources were expanded for people with developmental disabilities, including added NOW/COMP waivers, and the implementation of a DD Crisis System (mobile crisis team, in home crisis supports, and crisis homes).

There are a number of **interagency initiatives** in Region 5 intended to foster interagency partnerships, such as Kidsnet System of Care strategies for youth in Chatham and Glynn Counties and the Healthy Transitions SAMHSA grant for young adults in Chatham County. Furthermore, accountability courts exist in Ware (Adult Drug Court), Glynn (Adult Drug Court), Liberty (Adult Drug Court), Laurens (Adult Drug Court), and Chatham (Adult Drug, Adult DUI, Adult Mental Health, Family Preservation, Youth Mental Health Court). In Chatham County a Jail Diversion Treatment Recovery program was initiated through a SAMHSA grant. Finally, the NAMI Open Doors to Recovery Project (ODR) is a joint venture research project among multiple community stakeholders, Bristol Meyers Squibb and DBHDD to determine if use of community navigator teams will provide necessary supports to assure people being discharge from Georgia Regional Hospital/Savannah can successfully remain in the community. The results of this field study should be available in FY2013.

The Region 5 Planning Board has identified a number of gaps in services that need to be addressed. The **priority needs** for Region Five which are recommended in the 2013 Annual Plan are:

**All Disabilities:**

- Limited transportation capacity to/from out-patient appointments, court hearings, residential treatment visits and medical/psychiatric assessments (vouchers would be one to meet this objective).
- Limited meaningful supported employment for youth and adults (placement and coaching included).
- Need additional case management and service coordination capacity.

### **Adult Mental Health:**

- Limited psychiatrist options.
- Need for targeted and intensive case management capacity especially for people with serious mental illness who are transitioning to community.
- Limited supportive living homes for adults and adolescents who can live semi-independently, but who still require wrap-around services.
- Expand provider options for outpatient services.
- Insufficient funding for services for the uninsured.

### **C&A Mental Health:**

- Need for Educational Advocates.
- Expansion of System of Care models throughout the region.
- Expand youth Mental Health Courts.

### **Developmental Disabilities:**

- Make funding available for young adults leaving high school.
- Increase Respite capacity.
- Expand provider options.
- Reduce high turnover of direct support staff.
- Expand funding for Community Access Group options.
- Increase oversight and accountability for community-based residential providers, especially for people transitioning from state hospitals into the community.
- Greater support for Support Coordination agencies to perform monitoring duties.
- Need for a DD Ombudsman.

### **Substance Abuse:**

- Develop a wider range of services in rural areas.
- Educate parents and family members regarding availability of/access to community based resources.
- Offer education to physicians who work in rural hospitals.
- Increase funding for services for the uninsured.

## 2. REGION FIVE DBHDD PLANNING BOARD MEMBERSHIP

Members of the Region Five Planning Board as of April, 2011:

NAME	COUNTY	NAME	COUNTY	NAME	COUNTY	NAME	COUNTY
Hailey, Pat	Appling	Laidler, Royce	Glynn	Caputo, Louis	Chatham	VACANT	Pulaski
Mizell, Charlie	Atkinson	VACANT	Glynn	VACANT	Chatham	Banks, Linda	Tattnall
Napier, Bonnie	Bacon	VACANT	Jeff Davis	VACANT	Chatham	Crisp, Annie	Telfair
Sapp, Jerry	Bleckley	VACANT	Johnson	VACANT	Chatham	Keitte, Joanne	Toombs
VACANT	Brantley	VACANT	Laurens	VACANT	Chatham	VACANT	Treutlen
VACANT	Bryan	Koska, Jamison	Liberty	Nance, Bobby	Clinch	Polczer, Debbie	Ware
VACANT	Bulloch	Lewis, Willa	Liberty	VACANT	Coffee	Roach, Beth	Wayne
VACANT	Bulloch	Manning, Alice	Long	Scarborough, Joy	Dodge	VACANT	Wheeler
Gunn, Elizabeth	Camden	Kappler, Tommie B.	Mcintosh	Powell, Lucy	Effingham	VACANT	Wilcox
Morgan, (Sonny) Jessie III	Candler	Moses, Kathy	Montgomery	Wateers, A. Marsha	Evans		
Williams, Willie	Charlton	VACANT	Pierce			23 Filled Seats 18 Vacant Seats 41 Total Seats	

## 3. DESCRIPTION of REGION

*\*Data sources used for this section include U.S. Census Bureau, 2009 County Population Estimates, (cc\_est2009), rel June 2010 and Per Capita Income: Bureau of Economic Analysis, U.S. Department of Commerce, (CA1-3 Personal Income Summary Estimates, 2008 data). NOTE: Region Total Per Capita Income was a calculated average of counties in region.*

The region has a land mass of 15,521.82 square miles and covers 26.8% of the entire state. Region 5 remains larger than nine (9) states in the United States. **Agriculture**, recreation and tourism remain the primary industries.

**Region Five** covers 34 counties of southeast Georgia and has a population of 1,051,434 people. This represents **10.7% of the total state population** (9,829,211). However, the proportion of Medicaid recipients in Region 5 represents **12.4% of the total state Medicaid recipient population**. There are five (5) counties with populations greater than 50,000 people: Chatham (256,992), Glynn (76,820), Bulloch (69,213), Liberty (62,186) and Effingham (53,541). Whereas twenty four (24) of the thirty four (34) counties have total populations of less than 30,000 people (71%). The Hispanic/Latino population makes up more than 10% of the following counties' overall population: Atkinson (25.2%), Tattnall (12.5%), Toombs (11.9%), Evans (11.4%) and Coffee (10.3%).

**Economic characteristics** of Region 5 are significant. Nearly **44% of the total population** of Region 5 is **designated as being below 200% of Poverty** (2000). In addition, six (6) of thirty four counties have over 50% of their population below 200% of Poverty (2000). The Per Capita Income (2008) for Georgia is \$34,849 whereas for Region 5 it is \$26,253. In addition, nearly all counties in Region 5 are designated as **Health Professional Shortage Areas** for Mental Health Professionals and **Medically Underserved Areas** (residents have a shortage of personal health services) by the US Department of Health & Human Services, Health Resources & Services Administration (HRSA 2009). A significant challenge to providers of mental health, addictive disease developmental disabilities continues to be the significant difficulty to recruit and retain licensed and credentialed professionals. Georgia Regional Hospital/Savannah, located in Savannah, is the designated DBHDD state hospital for Region Five. Children and adolescents who have high acuity are served in a state operated Crisis Stabilization Program (Lakeside CSP) outside of Savannah.

### **Regional Realignment**

A number of inefficiencies and challenges had existed as a result of the five (5) region configuration. For example, one region (R4) had three state hospitals in its catchment area, another, region (R5) had four state hospitals with which to interface, all five regions had additional Community Service Boards (CSB) to interact with due to having partial CSB catchment areas in their regions, several regions had CSB's that were served by hospitals in different regions, and two regions (R3-R2) had over 50% of persons served statewide in developmental disability programs. Due to these and other issues, a number of negative outcomes occurred including;

- Fundamental inability to coordinate resources within a region.
- Less than adequate access to regional offices.
- Regional resources split between too many communities, reducing the ability to serve consumers locally.
- Provider accountability was harder to manage.
- Less coordination of continuum of care between state hospitals and local community resources.
- Higher readmissions to state hospitals.

In response to these chronic issues DBHDD established a Core team to develop a Regional Realignment Proposal. This Core team defined the criteria to be used, which included; one hospital per region, boundaries to make sense geographically, boundaries the same for all disability groups, no break in any CSB service area, each CSB to interface with only one hospital and one regional office, and the realignment to fit new agency priorities now and in the future.

Internal DBHDD leadership and external stakeholders participated in providing review, feedback and ultimately support for the proposed plan. This included Regional Hospital Administrators, CSB Association Leadership, Regional Coordinators, Regional Leadership Council Representatives, and Regional Planning Board Members. Final review and approval was provided by the DBHDD Board of Directors. Under the new regional system the following **benefits are projected**;

- **Reduced hospitalization** through enhanced regional focus on community-based services.
- Improved access to regional offices through more **equitable distribution** of regional areas.
- Improved focus on provider clarity of expectations to improve quality of services
- **Accountability** for contract outcomes and provider performance **becomes possible** and realistic.
- Each region has an improved capacity to **identify local needs**.
- A greater ability for the region to facilitate the utilization of **other community resources** in their local community.
- Hospital transition systems can be more effective by equalizing workload.
- Regional Planning Boards areas are more equalized and can be more **meaningfully engaged** in the Department Mission.
- Reduction in Regional Planning Board areas will improve Board ability to review local community needs and recruit members.
- Regional Realignment will provide a more **focused, effective service system**.
- Improved ability to inventory available community services for future planning.
- Improved working relationships with the Community Service Board system and Regional Planning Boards.
- Meet U.S. Department of Justice expectation for **improved oversight of service providers**.

## **4. ASSESSMENT of REGIONAL NEEDS**

Under the **American with Disabilities Act** no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity. The regulation requires a public entity to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

**October, 19, 2010** saw the signing of an agreement between the State of Georgia and the U.S. Department of Justice: the **ADA Settlement Agreement**. The scope of the agreement includes community supports and crisis services for persons with developmental disabilities that would otherwise be served in ICF/MR facilities and persons with serious and persistent mental illness (SPMI); a quality management system and interface with an independent reviewer. The target population for additional mental health services is roughly 9,000 individuals with SPMI that are currently being served in state hospitals, frequently readmitted to state hospitals, frequently seen in emergency rooms, chronically homeless, and/or released from jails or prisons. For fiscal year 2012, the following deliverables are to have been met for people with developmental disabilities and serious and persistent mental illness:

### **FY2012 Developmental Disabilities**

- 150 Waivers for persons in state hospitals
- 100 Waivers for persons in the community
- 450 additional persons in Family Support services
- 6 Mobile Crisis Teams
- 5 Crisis Respite Homes (4 beds per home)

### **FY2012 Serious and Persistent Mental Illness**

- 20 Assertive Community Treatment teams (+2)
- 2 Community Support Teams (new)
- 2 Intensive Case Management teams (+1)
- 5 Case Management services (new)
- 1 added Crisis Stabilization Unit
- 500 in State Funded Housing (+400)
- 360 in Bridge Funding (+270)
- 170 in Supported Employment (+100)
- 235 in Peer Supports (new)
- 35 Community Psychiatric beds (new)
- Statewide Network Analysis

For fiscal year 2013, the following deliverables will be met for people with developmental disabilities and serious and persistent mental illness:

### **FY2013 Developmental Disabilities**

- 150 Waivers for persons in state hospitals
- 100 Waivers for persons in the community
- 500 additional persons in Family Support services
- 4 additional Crisis Respite Homes
- Education of judges about community placements

### **FY2013 Serious and Persistent Mental Illness**

- 22 Assertive Community Treatment teams (+2)
- 4 Community Support Teams (+2)
- 4 Intensive Case Management teams (+2)
- 15 Case Management services (+10)
- 2 added Crisis Stabilization Units (+1)
- 1 Crisis Service Center (new)
- 800 in State Funded Housing (+300)
- 270 in Bridge Funding (-90)
- 440 in Supported Employment (+270)
- 535 in Peer Supports (+300)
- 6 Crisis Apartments (new)
- 91 counties served by Mobile Crisis Teams (new)

The Region Five Planning Board values and supports the design and implementation of a comprehensive community-based continuum of mental health, developmental disability, addictive disease and prevention services that will afford people the best possible opportunity to live self-sufficient, resilient and meaningful lives. The Region 5 Office will continue to focus on promoting choice for individuals within a network of qualified providers that utilize recovery-based principles through the provision of person centered, individualized treatment and support services.

Region 5 Planning Board members identified needs and priorities for the fiscal year 2013 planning process by gathering information from multiple sectors in their respective counties, including law enforcement agencies, faith based organizations, public officials, school systems, advocacy groups, community members, participants, families, and the general public. Feedback was obtained through individual meetings, presentations at Planning Board meetings and through Community Forums organized by the Regional Planning Board.

The Regional Office received feedback from planning board members, disability providers, and the public at large during planning board meetings. Providers had additional opportunities to communicate with the Region 5 Office during bi-monthly provider meetings. Local stakeholders, including state and superior court judges, local law enforcement agencies, the Chatham County Safety Net Planning Council, NAMI Georgia & NAMI Savannah, GA Mental Health Consumer Network, county commissioners, advocacy groups, and community partners offered input to the regional office individually and in community meetings. Finally U.S. Census Bureau and U.S. Department of Commerce data was important in assessing needs.

## 5. REGIONAL PLANNING BOARD PRIORITIES

### A. Children and Adolescents with Serious Emotional Disturbance

#### Service Priority A

There is a need to expand **System of Care** models throughout the region.

#### Rationale

The Region 5 Office supports current system of care models such as Local Interagency Planning Teams (LIPT) in the region. In many rural counties there is only a single provider option. Children and families are more likely to seek facility-based services when crises occur due to lack of access to outpatient services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated. Use of interagency groups that review youth with problematic behavior can engage natural supports for the family and divert unnecessary use of facility based services.

#### Service Priority B

Expand the use of **Juvenile Mental Health Courts**.

#### Rationale

Unmet mental health needs among youth cause problems with school, family, and the local community which often results in the criminalization of mental illness. One response has been to implement Juvenile Mental Health Courts. These courts focus on treatment rather than punishment and represent collaboration between the courts, probation officers, prosecutors, public defenders, mental health workers, and civil advocates. The goal is to divert mentally ill youth from jails to community-based mental health services. Currently there is only one such court in Region 5, in Chatham County.

## **B. Adults with Serious Mental Illness**

### Service Priority A

There is a need to expand service capacity to treat adults with serious mental illnesses. Services to be targeted should include **psychiatry** and **other outpatient services**, and **intensive case management**.

### Rationale

Based on the ADA Settlement Agreement DBHDD continues to implement the expansion of additional community based services in Region 5. Intensive case management will be available in Chatham, Liberty and Ware Counties by 2015. By improving access to CORE services and intensive case management the incidence of psychiatric decompensation can be reduced which subsequently reduces the need for psychiatric hospitalization.

### Service Priority B

There is a significant need for **semi-independent residences** that are linked to wrap around services.

### Rationale

As DBHDD implements the expansion of additional community based services in Region 5 housing vouchers and bridge funding has already begun to be made available. People who are ready to live in these independent housing settings have moved from higher intensity settings, including semi-independent residential services. This capacity is now more available to people who can benefit from this level of service. Stable housing is a cornerstone of successful recovery.

## **C. Persons with Developmental Disabilities**

### Service Priority A

Increase access to **crisis services**.

### Rationale

Based on the ADA Settlement Agreement DBHDD continues to implement the expansion of additional community based services in Region 5. The community based DD Crisis System will have already been implemented in Region 5 with the development of Mobile Crisis Teams, Crisis Respite Homes, and In-Home Crisis Supports.

### Service Priority B

Increase **DD provider options** and programs especially for individuals in rural areas in order to afford people more choices.

#### Rationale

Due to most of Region 5 being rural in composition, many areas in the region have limited choice of providers and program options. Individuals are in need of more choices of centers and types of programs. Additionally, many current providers are at their physical capacity and will not be able to accommodate the increasing number of students graduating from special education programs throughout the region.

### Service Priority C

Address **reimbursement rates** that have not been adjusted for over a decade.

#### Rationale

Based on the ADA Settlement Agreement DBHDD will have already completed a network analysis and separate rate studies to determine equitable rates for direct service providers.

### Service Priority D

Provide **increased oversight** and accountability for community based residential and other direct service providers.

#### Rationale

The support coordination system has significant limitations. DBHDD has a responsibility to assure people in services receive proper, timely care and support that meet their needs for safety and security. This includes proper care for medical needs so people may live satisfying and independent lives with dignity and respect.

## **D. Adults with Addictive Diseases**

### Service Priority A

Expand the pool of providers who specialize in offering substance abuse services based on **best practice models**.

## Rationale

Specialized treatment programs that address the range of addictive disease disorders with science-based models offer the potential for more people to access services and for those individuals to have greater chances to successfully recover from drug and alcohol problems.

### **E. Adolescents with Addictive Diseases**

#### Service Priority A

**Expand** the pool of providers who specialize in offering substance abuse services based on best practice models.

#### Rationale

Specialized treatment programs that address the range of addictive disease disorders with science-based models offer the potential for more youth to access services. Early intervention can reduce risk factors and increase protective factors, giving youth greater chances to successfully recover from drug and alcohol problems.

### **F. Substance Abuse Prevention**

#### Service Priority A

Increase access to **best practice model prevention programs**.

#### Rationale

The SAMHSA Center for Substance Abuse Prevention (CSAP) notes a delay in use of substances problems later in life. Furthermore, an average school-based prevention program can save an estimated \$18 for every \$1 spent.

### **G. Individuals with Multiple Service Needs**

#### Service Priority A

Provide access to meaningful **supported employment opportunities** for youth and adults of all disabilities.

#### Rationale

Based on the ADA Settlement Agreement DBHDD continues to implement the expansion of additional community based services in Region 5. The expansion of supported employment capacity for adults with serious and persistent mental illness will continue to grow in Region 5.

## Service Priority B

Improve access to public **transportation services**.

### Rationale

For those few counties that have this service, the current contracted transportation companies do not provide routes that can be accessed by all people needing to participate in needed services throughout their community. Transportation services often stop at county borders.