Region One DBHDD Planning Board
705 North Division Street
Building 104
Rome, GA 30165

2015 ANNUAL PLAN

Chairperson:
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2015 ANNUAL PLAN CONTENTS

1. EXECUTIVE SUMMARY

The vision of DBHDD is to have a community based system of care that is accessible, responsive, flexible and able to effectively meet the needs of people with a Behavioral Health or Developmental Disability. DBHDD's Region One continues to implement that vision by supporting new services that were added in the past two years and by working with all providers to better meet the needs of the target population. The new behavioral health services included two new crisis stabilization units for adults; three new Assertive Community Teams (ACT), three levels of Case Management, expanded residential options for adults, intensive outpatient substance abuse services, expanded supported employment and two new peer-operated Wellness Centers. After the closure of Northwest Georgia Regional Hospital (NWGRH) in 2011, people who need inpatient psychiatric treatment go to one of seven different community based psychiatric hospitals under contract. The first year of utilizing these hospitals saw people being stabilized and linked with an aftercare provider in one-third the time that happened at NWGRH. The Developmental Disabilities Division contracted with two mobile crisis agencies to respond to people with DD who may have a behavioral crisis. New residential and other supports were developed that allowed all of the people in NWGRH's DD unit to relocate to community settings, and people continue to be transitioned from the State facilities of Central State Hospital, and East Central State Hospital.

Most of these new services had been identified in prior Planning Board Annual Plans and were included in the State's Settlement Agreement with the Department of Justice. Efforts will focus on coordinating the new services with existing providers, ensuring ease of access to them, and building relationships at the local level among the various agencies, advocates, providers, and other stakeholders who have an interest in building an effective community system of care. Notwithstanding the improvement realized with the new services, this Annual Plan has identified remaining gaps in having a comprehensive system of care.

DBHDD utilizes Regional Planning Boards to develop annual plans, to identify service needs and to specify service priorities for its area of the state. Local needs for Region One's 31 counties were assessed based upon feedback received from participants and families; input from providers; information from other social services agencies, and community stakeholders such as juvenile court judges, law enforcement, probate judges, county commissioners, survey data, and the demographics of the region. In addition, the services called for in the ADA Settlement Agreement inform its planning.

The Planning Board focuses its long-range priorities on the need for services that are more accessible, responsive, flexible, and accountable in order to prevent out-of-home placements and unnecessary use of "high cost" programs. To assist with this focus, it is necessary for there to be closer involvement with other public agencies such as local school systems, Department of Family and Children Services (DFACS), Department of Juvenile Justice (DJJ) and law enforcement to prevent eligible consumers from "falling through the cracks" and to better coordinate available resources, especially children and adolescents with serious emotional disturbance or addictive diseases.

The Planning Board has identified many gaps in services that need addressing. The priority needs for Region One which are recommended in the 2015 Annual Plan are:

1. Housing.
2. Transportation.
3. Job Supports.
4. Deficiencies in Service in Rural Communities.

By closing these service gaps, it is expected that more people will be able to remain in their community, there will be less use of in-patient facilities, and the health and quality of life will improve.

The 2015 Annual Plan reflects the Planning Board's commitment to "listen to its customers" and to help improve services for the targeted populations.

2. REGION ONE DBHDD PLANNING MEMBERSHIP

Members of the Region One Planning Board as of February 2013 are:

County	Board Members
Banks	Dr. Melody Stancil
Bartow	Dr. J. Paul Newell, Ms. Cindy Smith, Ms. Cynthia Wainscott
Catoosa	Ms. Amanda Oxford, Dr. Denny Whitesel
Chattooga	Ms. Betty Brady
Cherokee	Mrs. Irene Butcher, Mr. Joseph Davis, Mr. Kirby Pruett, Ms. Kay Rogers & 1 Vacancy
Cobb	Mr. Wallace Coopwood, Dr. Bill Hudson, Mr. Parks Huff, Mrs. Judi O'Connor, Ms. Laura Searcy, Ms. Judith Steuber & 8 Vacancies
Dade	Mr. Thomas Black
Dawson	Ms. Val Dodson
Douglas	Ms. Faneashia Allen, Ms. Romona Jackson-Jones, & Ms. Ginny Pavey
Fannin	Mr. Mark Parris
Floyd	Ms. Sheila May & 1 Vacancy
Forsyth	Mr. Joseph LaBranche & 3 Vacancies
Franklin	1 Vacancy
Gilmer	Mr. Ross Evers
Gordon	Mr. E. Lynn Elkins & Mr. Robert Grace
Habersham	1 Vacancy
Hall	Mr. Troy Brandon, Ms. Alice Brock, Mr. Scott Crain, Ms. Marty Owens
Haralson	1 Vacancy
Hart	1 Vacancy
Lumpkin	Ms. Sara Cohen
Murray	Mr. Steve Spivey
Paulding	3 Vacancies
Pickens	1 Vacancy
Polk	1 Vacancy
Rabun	Ms. Tammy Wilbanks
Stephens	Mr. Danny Yearwood
Towns	Mr. Justin Mitchell

Union	Ms. Kris Gooch
Walker	Ms. Marsha Blevins & Mr. Edward Upshaw
White	Ms. Beatrice Chambers
Whitfield	Ms. Pamela Massingale, Ms. Brittany McMillian & 1 Vacancy

3. DESCRIPTION of REGION

Region One covers 31 counties of Northwest and Northeast Georgia with a total population of approximately 2.5 million people, according to the 2010 U.S. Census Bureau. Adults with high acuity are served in Crisis Stabilization Programs (CSP) that are operated by Community Service Boards (CSB). In addition to the CSP's, DBHDD contracts with seven private hospitals to provide additional adult services when necessary. A very small percentage of adults who need extended care can be served in Georgia Regional Hospital in Atlanta. Children and adolescents who have high acuity are served in CSP's in Greenville and Atlanta.

The demographic diversity is increasing in pockets of the region and several counties continue to experience growth. Demographic information from the U.S. Census Bureau, 2010 County Population Estimates, indicates that the primary population distribution for Region One is 76.7% Caucasian, 13.3% African American and 10% all other races. Of the total distribution of races, the Hispanic/Latino population makes up 10.9% of the Region One ethnic population with the highest distribution of county population as follows: Whitfield (31.2%), Hall (27.2%), Gordon (14.6%), Habersham (12.1%), Polk (12.1%), Cobb (12%), Murray (11.9%), and Gilmer (10.8%).

The number of citizens eligible for services funded through the Public sector is calculated as individuals living at two times (200%) the federal poverty guidelines and below. According to data from the 2010 U.S. Census Bureau, at least 25% of the population in 27 of the 31 counties has annual income less than 200% of poverty level. Due to the high percentage of people living at or near the federal poverty level, there has been an increase in people seeking services.

Fifteen of the thirty-one counties have total populations of less than 30,000 people which present challenges to efficiently provide a range of services in all counties.

In fiscal year 2012 there were over 25,400 adults served in community based mental health programs and another 7,060 adults with addictive diseases served in programs funded through the Region One office. In addition, there are 393 people from the Region who were admitted to adult mental health services in State Hospitals with a discharge length of stay of 10 days. There were also 2,129 admissions to the private psychiatric hospitals under contract with DBHDD with an average five day length of stay.

There are over 3,110 individuals with developmental disabilities receiving services in community based programs. There are approximately another 284 individuals with DD who are on the short term planning list awaiting funds to receive needed services.

There are approximately 5,994 children and adolescents enrolled in programs for Severe Emotional Disturbance and over 399 adolescents enrolled in programs for substance abuse.

4. ASSESSMENT of REGIONAL NEEDS

Stakeholders from Region One are working to design a service system that will adequately provide the services and supports needed by the core customers of the Department of Behavioral Health and Developmental Disabilities. Those services and supports include housing, transportation, employment, and physical health care as well as other resources, both public and private, that have a significant impact on the mental health of consumers. The vision for that system of care includes an array of services that are responsive, flexible, comprehensive, effective, accessible, integrated, and which incorporate evidence-based practices. There must be a strategy that seeks to maximize the utilization of existing resources, while informing officials of the unmet needs.

The Region One Planning Board values and is committed to the design of a community-based comprehensive spectrum of mental health, developmental disability, addictive disease and support services that will allow consumers to live their lives as free as possible of the disabling effects of these conditions. The region will focus on promoting choices for consumers within a network of providers that concentrate on recovery and maximum potential considering a participant's unique strengths and abilities. The goal is to enhance the quality of life for all individuals who receive services from or funded by DBHDD.

To assist in identifying needs and priorities for the fiscal year 2015 planning process, Board members received information from county commissioners, law enforcement, public officials, community members, participants, families, and the general public in their respective counties. The Regional Office received feedback from providers, through town hall meetings hosted by board members, and bi-monthly board meetings which served as a venue for the public and providers to share information with the Board. Use of the 2010 Georgia County Guide and the 2010 United States Census information were also important in assessing needs.

5. REGIONAL PLANNING BOARD PRIORITIES

A. PRIORITIES COMMON TO ALL DISABILITIES

Target Population:

Children and Adolescents with Severe Emotional Disturbance, Adults with Serious Mental Illness, Persons with Developmental Disabilities, Adults with Addictive Diseases, Adolescents with Addictive Diseases, Individuals with Co-occurring Disorders.

Service Priority 1:

Develop more funding, locations, program designs, and levels of housing to offer independent, semi-independent, supervised, permanent, transitional, and respite opportunities.

Rationale:

The increase in housing funding has improved the successful self-management by individuals and families of their mental health needs as well as the needs of individuals with developmental disabilities to live as independently as possible in the community. The restructuring of services in Region One has provided the impetus to grow and examine the successes that housing provides. It is important to not only maintain the current status but to continue the growth of resources for individuals still needing secure housing in neighborhoods. Housing choices need to be broadened for individuals with developmental disabilities. Quotas imposed by some funding sources of the percent of individuals who can live in an apartment complex is a road block to independent living options for individuals with developmental disabilities. More locations are necessary to provide individuals choices in where they live. Rural housing options need to be expanded to ensure individuals do not need to leave vital support systems as they focus on recovery, manage wellness and maintain important relationships. A range of support is necessary to assist those who need face-to-face checks to reinforce recovery and maintenance.

Service Priority 2:

Increase transportation services throughout the region to include transportation that can cross county lines and expand the hours/days of service.

Rationale:

Current transportation options lack the routes and flexibility to meet the needs of individuals throughout the region. Transportation services are limited in their capacity to accommodate assistive devices for mobility such as wheelchairs. Trained and certified support animals must travel with the individuals they serve. The aids who travel with individuals who cannot travel without assistance should be included in the service without extra cost. Transporters are limited to county boundaries in areas where services are not available in every county. Travel to other counties for access to care and medications is not provided. Schedules need to be expanded. Child and Adolescent services offered around school schedules and Adult evening/weekend services are not accommodated. Time constraints of driver schedules limits travel to business hours which prohibit evening and week-end access to medical and psychological services.

Service Priority 3:

Increase job development, placement and training in order to assist individuals in obtaining and maintaining competitive employment in the community. Programs need to be developed to address the needs of youth transitioning from child and adolescent services, the needs of adults who need supports and individuals with developmental disabilities.

Rationale:

Employment is consistently a desire voiced by individuals in mental health, substance abuse and developmental disability services. It reduces recidivism and incarceration of persons with mental illness, addictive diseases, developmental disabilities and co-occurring disorders. Programs and providers are needed to provide a variety of job supports which include not only job skills but also education on success behaviors to meet employer expectations for conditions of employment. Especially in economic times that are still in recovery the job market is competitive, individuals need an extra hand to level the field and experience the confidence and community membership

that employment offers. Programs are needed which provide a variety of training opportunities that identify and meet the interests, strengths and needs of consumers seeking employment.

Service Priority 4:

Services in rural counties need intensive resource coordination, recruitment of providers and increased choice in care.

Rationale:

The needs of rural counties are not given adequate attention as the population density does not provide the number of participants to make programs viable. Resource coordination is a strategic need for all disabilities in children, youth and adults. Creative solutions such as telemedicine and recruitment of psychologists, psychiatrists and licensed providers and allied health professionals need to be funded. Any barriers to telemedicine through restrictions of professional licensing or practice groups need to be lifted. Face-to-face time with professionals is lacking for many areas which is compounded by lack of transportation. Children and adolescents are sent out of the region to get services which prohibits family reunification and maintenance of family bonds. Individuals with developmental disabilities do not have the same access to choices that are available in areas with higher population density. There is insufficient support for individuals in recovery from addiction or after crisis care. The probability for relapse is elevated as a result.

B. ADULTS WITH SERIOUS MENTAL ILLNESS
CHILDREN & ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE (SED)

Individuals of all ages as well as families and other involved persons benefit from well coordinated mental health services. Service priority areas are defined as necessary to include a group of supports that work together for optimum benefit to individuals, their circle of association and the community at large.

Service Priority: 1

Increased community wrap-around services and access to services that include pre-crisis intervention, transition from child and adolescent services to adult services, in-home supports for families.

Rationale:

Behavioral health lacks adequate supports which in turn increases the likelihood of over-use of hospitals, residential crisis facilities, jails and youth detention centers. Transportation that is flexible in geographic coverage and times of service are needed to accommodate job and education activities of the consumers and their families. Evening and week-end community services as well as services in the home are needed to reduce out-of-home placements. There are limited options for youth who fall in a service gap as they transition from psychiatric residential treatment facility (PRTF) and Foster Care programs. Enhanced inter-agency coordination and provision of services would accommodate a wider variety of needs that one agency alone may not have the resources to provide. This would include whole health care and social-economic supports. Partnerships through grants and other sources need to be developed to build a collaboration between the Department of Education and DBHDD for the provision of in-school

services in all school systems. Early identification and intervention of behavioral health issues in schools linked with community supports build an integrated system to support individuals before problems grow into more costly adult challenges.

Service Priority 2:

Improved collaboration between the Criminal Justice and Mental Health systems.

Rationale:

The lack of inter-agency communication and support creates duplicated efforts sometimes in conflict with each other to the detriment of youth and adults and their families. Identification of gaps in individual and family supports would be better defined and filled through a collaboration of system resources. Law enforcement and the justice systems are directly affected by mental health issues. Resources in all agencies would be better allocated through close collaboration. Mental health services are not adequate for individuals who are incarcerated in both adult and youth facilities. Better access to care and release planning with wrap around services combined with appropriate corrections oversight would reduce repeat use of intensive care/oversight facilities. Supports for education of law enforcement personnel in recognizing and responding to special needs in crisis and non-crisis encounters will empower first responders to better manage encounters with individuals who need therapeutic intervention. Supports for the education of judges and for additional staffing for mental health courts will provide appropriate diversion to mental health intervention versus incarceration.

Service Priority 3:

Accessibility to pre-crisis services to include available walk-in clinics providing assessment, pre-crisis intervention, supportive counseling, case management, information and referrals, and follow up to assist consumers in connecting to appropriate community resources that serve as an alternative to hospitalizations.

Rationale:

Accessibility includes availability of services to help individuals obtain services and stay in their community. Adults are expected to coordinate their own care and do not know where or how to begin outside of emergency rooms, crisis calls to 911 or the Georgia Crisis Access Line. There is an absence of walk-in clinics that provide a range of supportive services that would divert individuals from relying on intensive emergency services. These locations would provide information to the general public through education taken to schools, civic groups, etc. on accessing assistance and available services. Case management staff on-site can quickly assist individuals to link up with appropriate level of care providers. Professional staff need to be on site to provide walk-in crisis assessment and referral to available community based supports that can help the individual manage the crisis with minimal interruption to school, work or family.

C. ADULTS, CHILDREN & ADOLESCENTS WITH ADDICTIVE DISEASES

Individuals of all ages as well as families and other involved persons benefit from well coordinated mental health services. Service priority areas are defined as necessary to include a

group of supports that work together for optimum benefit to individuals, their circle of association and the community at large.

Service Priority 1:

Therapeutic programs based on best practices to optimize success and long-term follow-up. Best practices indicate a system to provide evidence based and practical interventions to prevent and/or treat mental and substance abuse disorders.

Rationale:

The absence of adequate services in addictive diseases results in over use of emergency rooms, crisis units and psychiatric hospitals. Science based interventions provided by qualified providers will increase options and reduce the use of high-end services to consumers who require a menu of supportive interventions to reduce relapse, especially those interventions initiated early and reinforced consistently. Individuals need reliable, strong and long-term supports that will help them establish and maintain healthy lifestyles. Rural areas have less access to addiction services and creative solutions must be developed to serve these individuals and keep them in their communities.

Service Priority 2:

Prescription and substance abuse prevention and training services.

Rationale:

Education to inform and prevent abuse before it happens as well as age appropriate early intervention is agreed to be cost effective. Research has shown that the use and abuse of prescription medications and substances is increasing in younger populations including the primary school population (SAMSA 2010 National Survey). As the first tool in the continuum of care, strong and accessible prevention and early intervention programs reduce the costs of illegal activity as well as use of high intensity services. These programs need to be available through schools and child care agencies as well as criminal justice systems for adults and adolescents and supported by behavioral health.

Service Priority 3:

Drug courts and diversion options for judges and parole/probation officers.

Rationale:

The needs of individuals are not adequately met in jails or youth detention centers. Keeping individuals in the community linked with effective treatment and supervision will reduce relapse into addiction behaviors that lead to incarceration. Effective diversion programs are lacking in adult and juvenile court systems. Cost reduction in law enforcement, the criminal justice system and behavioral health is realized when effective and timely interventions reduce relapse and recidivism. This is an area that interagency cooperation limit redundant services that do not work to the interest of the individual and fill the gaps (such as family supports) that go unidentified as a result of a lack of interagency cooperation.

D. PERSONS WITH DEVELOPMENTAL DISABILITIES

Service Priority 1:

Improve access to an array of service options in all areas of the Region

Rationale

Individuals who live in rural areas of the region should have access to the same array of services as individuals who reside in more densely populated areas. There is little or no transportation in many areas limiting access to jobs and other services. Some areas of the Region have only one Provider for services. There is limited choice in the rural areas especially if that one Provider is unable to provide the supports needed to meet the needs of the individuals in the area. DBHDD should consider offering financial incentives for providers to develop services in low density areas. There are challenges finding qualified and capable staff to work with DD individuals. Schools are not able to adequately meet the needs of individuals with challenging behavior and especially those that are dual diagnosed. New and existing Providers need to develop services in geographic regions where choice is limited. We need to ensure that those receiving services are clearly informed of the most appropriate services that can meet their family members' needs. Families and concerned others need to be made aware of the process to have treatment concerns addressed and feel comfortable with the process. Enhance our current crisis system to serve more people closer to where they are living instead of being moved far away. More day programs and housing options are needed in both rural and densely populated areas to meet the needs of the community.

Service Priority 2

Ensure a continuum of services from school to adulthood for those who are graduating from High School and those who have already transitioned but who are currently receiving no services.

Rationale

We need to find ways to ensure that families are able to access information about the DD system and services before their children graduate from high school. The Individualized Education Plan process needs to include services such as Vocational Rehabilitation to strengthen service delivery through partnerships with the Department of Education in order to increase the number of students with disabilities receiving transitional supports from school to independent living. We also need to empower families with as much information as possible so they can easily navigate our system and find what they need whether it is for a child getting ready to graduate or an aging parent trying to find assistance for their son or daughter. Information should be shared with schools, local groups such as churches, law enforcement and other community groups who can assist in getting information to families. We also need to find ways to assist families in more rural areas to fill out applications for services.

There are currently 1548 individuals in Region One who are eligible for services. Two hundred and eighty-four (284) individuals are on the short term planning list and 1,264 people are on the long-term planning list. The Regional Office receives approximately thirty-six (36) new applications per month. Based on current funding and the number of individuals who present with an immediate need, many individuals graduate from high school with no supports. This results in

a loss of skills, isolation and often creates hardship for family members who must remain unemployed to provide care and support. Caregivers and individuals with developmental disabilities would benefit from scheduled case management supports up to four years before an individual reaches the age of 18.