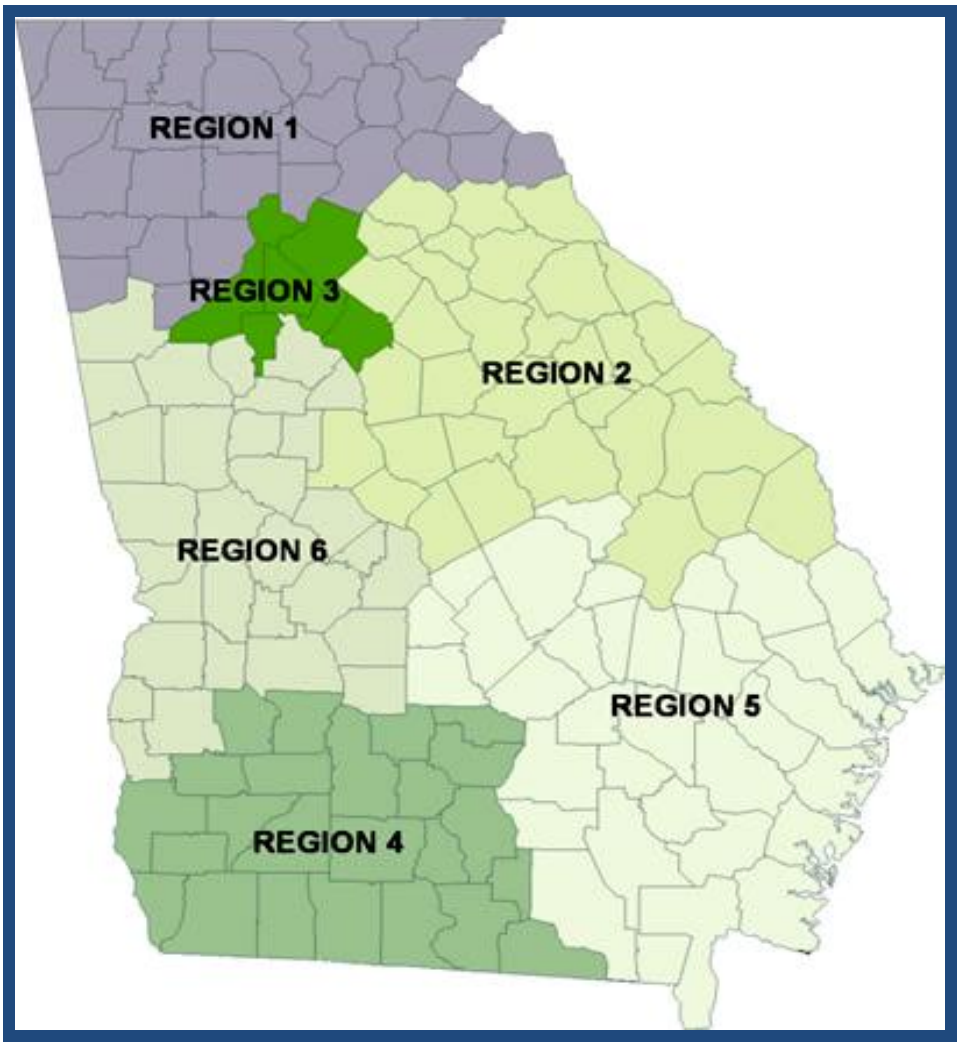
DBHDD REGION FIVE PLANNING BOARD: 2015 ANNUAL PLAN



CONTENTS

	Page #
1. Executive Summary	**2**
2. Region Five Planning Board Membership	**4**
3. Description of Region	**5**
4. Assessment of Regional Needs	**8**
5. Regional Planning Board Priorities	**10**
A. CHILDREN & ADOLESCENTS with SERIOUS EMOTIONAL DISORDERS	**10**
B. ADULTS with SERIOUS MENTAL ILLNESS	**10**
C. PEOPLE with DEVELOPMENTAL DISABILITIES	**11**
D. ADULTS with ADDICTIVE DISEASES	**12**
E. ADOLESCENTS with ADDICTIVE DISEASES	**12**
F. SUBSTANCE ABUSE PREVENTION	**12**
G. INDIVIDUALS with MULTIPLE SERVICE NEEDS	**13**

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 and Georgia State Law (HB 228). 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 feedback received through the completion of two needs assessment tools (Behavioral Health and Developmental Disabilities) from people participating in MHDDAD services and family members, people interested in improving the lives of people with disabilities, law enforcement officers, educators and other health professionals; presentations made by provider organizations; and information gained from meetings with other social services agencies, judicial/legal representatives, faith-based organizations and school systems.

In Region 5, during State Fiscal Year 2012 **15,058** adults with serious mental illness, **2,909** youth with serious emotional disorders, **5,306** adults with addictive disease disorders, and **156** youth with addictive disease disorders were served through community based mental health and addictive disease programs. In addition **2,942** people with developmental disabilities were served in developmental disability programs.

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 continued expansion of community based disability services as a result of the implementation of the ADA Settlement Agreement by DBHDD.

In **FY2014** the following mental health services/supports were added to Region 5 including; additional state funded housing vouchers and bridge funding, case management services, a community support team and an assertive community treatment team. For this same period resources were expanded for people with developmental disabilities, including added NOW/COMP waivers, additional Family Support services, movement of people off the planning lists into state funded and NOW/COMP waiver services and provider rate adjustments.

There are a number of ongoing **interagency initiatives** in Region 5 intended to foster interagency partnerships, such as the SAMHSA Grant funded Emerging Adult Initiative (formerly known as the Healthy Transitions Initiative 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), Bulloch (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 supported through a SAMHSA grant has grown in scope.

Through the use of survey tools made available throughout the region, the Region 5 Planning Board identified a number of gaps in services that need to be addressed. The **priority needs** for Region Five which are recommended in the 2015 Annual Plan are:

CHILDREN & ADOLESCENTS with SERIOUS EMOTIONAL DISORDERS

1. Family Support Groups
2. Residential Treatment Services
3. Affordable Medications

ADULTS with SERIOUS MENTAL ILLNESS

1. Residential Support Services
2. Community Re-Entry Programs
3. Supported Employment
4. Peer Support Services

PEOPLE with DEVELOPMENTAL DISABILITIES

1. Respite Services
2. Services for Youth Transitioning to Adulthood
3. Jail Diversion

ADULTS with ADDICTIVE DISEASES

1. Community Re-Entry Programs
2. Residential Treatment Services
3. Affordable Medications

ADOLESCENTS with ADDICTIVE DISEASES

1. Mobile Crisis Services
2. 12-Step Groups

SUBSTANCE ABUSE PREVENTION

1. Family Education Opportunities

INDIVIDUALS with MULTIPLE SERVICE NEEDS

1. Access to Integrated Services for people with multiple service needs that include access to primary health care

In addition, respondents identified top barriers to accessing community based services. Responses are as follows:

Barriers that **OFTEN** exist:

1. *Long waiting lists*
2. *No outreach to homeless people*
3. *Public funding limitations*
4. *Lack of insurance coverage*

Barriers that **SOMETIMES** exist:

1. *Providers refusing to accept Medicaid/Medicare due to low reimbursement rates*
2. *Lack of properly trained staff, including cross-training in substance abuse issues and cross-training for those who have behavioral issues*
3. *Restrictive medication policies (formularies)*

2. REGION FIVE DBHDD PLANNING BOARD MEMBERSHIP

Members of the Region Five Planning Board:

NAME	COUNTY	NAME	COUNTY	NAME	COUNTY	NAME	COUNTY
Pat Hailey	Appling	Lou Caputo	Chatham	Todd Graham	Glynn	Linda Banks	Tattnall
VACANT	Atkinson	VACANT	Chatham	VACANT	Jeff Davis	Annie Crisp	Telfair
Bonnie Napier	Bacon	VACANT	Chatham	VACANT	Johnson	Joanne Keitte	Toombs
Jerry Sapp	Bleckley	VACANT	Chatham	Bobbie Davis	Laurens	VACANT	Treutlen
VACANT	Brantley	VACANT	Chatham	Jamison Koska	Liberty	VACANT	Ware
VACANT	Bryan	Mavis Trowell	Clinch	Willa Lewis	Liberty	VACANT	Wayne
Michael Herrington	Bulloch	Ronald L. Schoppee	Coffee	VACANT	Long	VACANT	Wayne
VACANT	Bulloch	Joel Rogers	Dodge	Tommie B. Kappler	McIntosh	VACANT	Wheeler
VACANT	Camden	Lucy Powell	Effingham	DeAnne Shiplett	Montgomery	VACANT	Wilcox
VACANT	Candler	VACANT	Evans	VACANT	Pierce		
Willie Williams	Charlton	Nicole Sizemore	Glynn	VACANT	Pulaski	Filled Seats: 20 Vacant Seats: 22 Total Seats: 42	

3. DESCRIPTION of REGION

**Data sources used for this section include U.S. Census Bureau, 2011 County Population Estimates, (cc_est2011), rel May 2012 and Per Capita Income: Bureau of Economic Analysis, U.S. Department of Commerce, (CA1-3 Personal Income Summary Estimates, 2010 data). NOTE: Region Total Per Capita Income was a calculated average of counties in region.*

Region 5 has a land mass of 15,128 square miles and covers 26% of the entire state. The region includes 34 counties of southeast Georgia. Primary industries include agriculture, recreation and tourism. According to the 2011 Census, the population of the region is 1,103,699 people, which represents 11% of the total state population.

Overall population density for the region is significantly smaller than the density of the State of Georgia. The largest city in the region is Savannah, which has a population of 136,535. The largest county in the region is Chatham, which has a population of 271,544. The second largest county is Glynn, which has a population of 80,386.

The poverty level in the region is higher than the average for Georgia or the United States. In Region 5 42.1% of the population falls below of the 200% poverty level, compared to 36.5% for the state. **Of the 34 counties in the region, 28 counties have 40% or more of their total county population that is below 200% of Poverty.**

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 2012). 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 Unit (Lakeside CSU) outside of Savannah.

The Federal Center for Mental Health Services (CMHS) estimates the prevalence rate of severe mental illness (SMI) within the adult population to be 5.4 percent, indicating that 41,150 adults in Region 5 have a SMI. During FY 2012 the number of adult consumers with SMI served within Region 5 was 15,058, resulting in a penetration rate of 36.6%, compared to a state average penetration rate of 32%.

CSB Service Area Penetration Rates

*(Includes data from ALL DBHDD contracted service providers in addition to CSBs.)

CSB Service Area	Adult SMI	SED Youth	Adult SA	C&A AD
PINELAND*				
Appling	40.7%	32.9%	9.8%	4.2%
Bulloch	30.9%	20%	7.2%	6.8%
Candler	39.7%	21.6%	10.4%	0%
Evans	33.5%	29.6%	9.3%	4.2%
Jeff Davis	37.8%	17.8%	10%	1.9%
Tattnall	39.9%	20.2%	9.4%	0.6%
Toombs	52.4%	35.4%	10.8%	1.4%
Wayne	57.8%	14.4%	11.6%	1.4%
TOTAL	**41.6%**	**24%**	**9.8%**	**2.6%**
GATEWAY*				
Bryan	21.8%	15.6%	3.5%	0.8%
Camden	25.3%	22.7%	3.5%	0.7%
Chatham	24.5%	29.8%	7.8%	3.9%
Effingham	23.8%	18.2%	4.3%	0%
Glynn	45%	21.9%	9.3%	0.5%
Liberty	23.3%	16.8%	2.6%	1.4%
Long	23.3%	27.5%	3.8%	1.7%
McIntosh	30.1%	18.7%	4.7%	0.9%
TOTAL	**27.1%**	**21.4%**	**4.9%**	**1%**
UNISON*				
Atkinson	11.8%	11.2%	1.2%	1.3%
Bacon	19.4%	63.2%	4%	1.4%
Brantley	51.5%	23.4%	9.3%	0%
Charlton	29.9%	29.5%	4.2%	0%
Clinch	36.5%	14.6%	4.8%	0%
Coffee	43.3%	22.6%	7%	2.4%
Pierce	13.5%	17.9%	2.2%	0.7%
Ware	85.7%	56.8%	31.2%	2.7%
TOTAL	**36.5%**	**29.9%**	**8%**	**1%**
MIDDLE GEORGIA*				
Bleckley	43.5%	42.7%	4.6%	2.8%
Dodge	54.8%	14.1%	6.4%	1.3%
Johnson	60.9%	56.3%	6.2%	0%
Laurens	80.1%	45.9%	16.1%	2.1%
Montgomery	40.8%	21.7%	6%	3.2%
Pulaski	30.4%	20.5%	4.4%	0%
Telfair	41.2%	19.3%	4.7%	0%
Treutlen	64.4%	48.5%	9%	0%
Wheeler	49.9%	29.7%	4.7%	0%
Wilcox	49.3%	15.3%	4.3%	1.7%
TOTAL	**51.5%**	**31.4%**	**6.6%**	**1.1%**

4. ASSESSMENT of REGIONAL NEEDS

The State of Georgia through DBHDD continued to implement deliverables outlined in the **ADA Settlement Agreement** in fiscal year 2014 and will continue to do so for fiscal year 2015.

For fiscal year 2014, the following deliverables were to be met for people with developmental disabilities and serious and persistent mental illness in Georgia:

FY2014 Developmental Disabilities

- 150 Waivers for persons in state hospitals
- 100 Waivers for persons in the community
- 500 additional persons in Family Support services

FY2014 Serious and Persistent Mental Illness

- 8 Community Support Teams (+4)
- 8 Intensive Case Management teams (+5)
- 25 Case Management services (+10)
- 3 Crisis Service Centers (+2)
- 3 Crisis Stabilization Units (+1)
- 1400 in State Funded Housing (+600)
- 540 in Bridge Funding (+270)
- 500 in Supported Employment (+270)
- 835 in Peer Supports (+300)
- 12 Crisis Apartments (+6)
- 126 counties served by Mobile Crisis Teams (+35)

In fiscal year 2015, the following deliverables will be met for people with developmental disabilities and serious and persistent mental illness in Georgia:

FY2015 Developmental Disabilities

- 150 Waivers for persons in state hospitals
- 100 Waivers for persons in the community
- 500 additional persons in Family Support services

FY2015 Serious and Persistent Mental Illness

- 14 Intensive Case Management teams (+6)
- 45 Case Management services (+20)
- 6 Crisis Service Centers (+3)
- 2000 in State Funded Housing (+600)
- 550 in Supported Employment (+50)
- 18 Crisis Apartments (+6)
- 159 counties served by Mobile Crisis Teams (+33)

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 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 2015 planning process by gathering information through the use of survey tools 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 additional 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 for youth and families to have access to **Family Support Groups**.

Rationale

Family Support groups provide preventive, natural support oriented resources for youth who engage in problematic behaviors which can divert unnecessary use of facility based services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated and facility based resources have been utilized.

Service Priority B

Improve access to **Residential Treatment Services**.

Rationale

When community based services and supports are unable to divert youth from accessing higher levels of care, access to short term residential treatment (PRTF) can be a necessary last resort. This option differs from long term facility based custodial settings which have been known to lead to poor outcomes for youth.

Service Priority C

Improve access to **Affordable Medications**.

Rationale

In addition to access to natural supports and community based outreach and supports, youth who require psychiatric treatment need to have adequate access to affordable medications. Otherwise they and their families will face unnecessarily greater challenges to success and may be more likely to seek out of home placement options.

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 **Residential Support Services**.

Rationale

People with serious mental illness who are transitioning from state hospitals and other institutions may require levels of community based residential supports that allow them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed when they move to levels of greater independence.

Service Priority B

There is a significant need for **Community Re-Entry Programs** for those with serious mental illness who are moving out of jails and prisons.

Rationale

A significant portion of people who are incarcerated have serious mental illnesses. Comprehensive community based supports help them to acclimate to community living and help them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn necessary life skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed in their local communities.

Service Priority C

There is a significant need for expanded access to **Supported Employment** programs.

Rationale

By linking people to vocational rehabilitation, volunteer and competitive employment opportunities they are able to engage in activities that allow them to contribute to their local communities while developing natural supports.

Service Priority D

There is a significant need for expanded access to **Peer Support** programs.

Rationale

Peer Supports provide powerful opportunities for people with serious mental illnesses to develop meaningful relationships with those who share similar lived experiences.

C. Persons with Developmental Disabilities

Service Priority A

Increase access to **Respite Services**.

Rationale

Periodically people need to have a break from each other. Family caregivers and people with developmental disabilities are no different. Access to respite services allows caregivers to participate in activities/events that may not include the person with developmental disabilities or there may be periods of increased tension that warrant a cooling off period for all parties. Without access to Respite Services there is little or no opportunity for times of high stress to be defused and little or no opportunity for caregivers enjoy lived experiences that might not involve the person they're caring for. Over time this will lead to burn out which can ultimately lead to caregivers seeking permanent out of home placement options as their only mechanism to address chronic pressures that have remained unresolved.

Service Priority B

Improve access to public **Services for Youth Transitioning to Adulthood**.

Rationale

Once young adults have transitioned out of secondary education settings they have a right to engage in meaningful activities that include associated supports. Without access to community based services & supports, one possible outcome is that caregivers will eventually seek permanent out of home placement options as their only redress. In addition, there are families who are employed in positions that don't allow them to take time off from work to provide caregiver supports now that the youth is no longer in school. At times family members have been forced to choose between maintaining their livelihood and their developmentally disabled family member.

Service Priority C

Increase availability of **Jail Diversion** Programs.

Rationale

People with developmental disabilities who are incarcerated are at great risk of exploitation and harm in jail settings. Unnecessary incarceration also leads to criminal backgrounds that can then create difficulties for people gaining access to necessary resources.

D. Adults with Addictive Diseases

Service Priority A

Support the development of opportunities for **Community Re-Entry Programs** for those who are moving out of jails and prisons.

Rationale

A significant portion of people who are incarcerated have addictive diseases. Comprehensive community based supports help them to acclimate to community living and help them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn necessary life skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed in their local communities and reduce the likelihood of relapse.

Service Priority B

Increase access to **Residential Treatment** Programs.

Rationale

Although there are many instances when outpatient Substance Abuse services provide sufficient interventions for people with Addictive Diseases there are times when a higher level of treatment intensity is required. Inadequate access to these services places a burden on other local resources, such as emergency departments, local law enforcement and state hospitals.

Service Priority C

Improve access to **Affordable Medications**.

Rationale

A significant portion of those with addictive diseases also have serious mental illnesses (Co-Occurring) which require psychiatric treatment and need to have adequate access to affordable medications. Without such access they will be predisposed to poorer outcomes due to decompensation of mental status and self medication with other chemicals to address the psychiatric symptoms; such as higher use of emergency departments, unnecessary contacts with law enforcement and subsequent incarceration, loss of housing, loss of employment, loss of supportive relationships.

E. Adolescents with Addictive Diseases

Service Priority A

Expand availability of **Mobile Crisis Team** services.

Rationale

Community-based mobile crisis team programs offer 24/7 on site assessment and intervention services. Successful mobile crisis teams can de-escalate crisis events and divert a high percentage of people from unnecessary use of emergency departments and law enforcement.

Service Priority B

Expand availability of **12 Step Groups**.

Rationale

12 Step groups are typically comprised of people whose lives have been affected by someone else's drinking. Benefits of these groups include; sharing experiences, strength, and hope with each other, discussing difficulties, learning effective ways to cope with problems, encourage one another.

F. Substance Abuse Prevention

Service Priority A

Increase access to **Family Education** models.

Rationale

The National Council on Alcoholism and Drug Dependence aptly notes that alcoholism and drug addiction affects the whole family - young, teenage, or grown-up children; wives or husbands; brothers or sisters; parents or other relatives and friends. One family member addicted to alcohol and drugs means the whole family suffers. Addiction is a family disease that stresses the family to the breaking point, impacts the stability of the home, the family's unity, mental health, physical health, finances, and overall family dynamics. Without help, active addiction can totally disrupt family life and cause harmful effects that can last a lifetime.

G. Individuals with Multiple Service Needs

Service Priority A

Provide access to **Integrated Services** that include access to primary health care.

Rationale

Adults with serious mental illness who are treated in public mental health systems die about 25 years earlier than Americans overall. Many medications they take cause obesity which leads to diabetes, and heart disease. Nationwide 5% of the population accounts for roughly half of health care spending. People with co-morbid conditions cost seven times as much as people with one chronic condition. Depression and Schizophrenia are the 5th and 7th highest-cost chronic conditions, respectively.