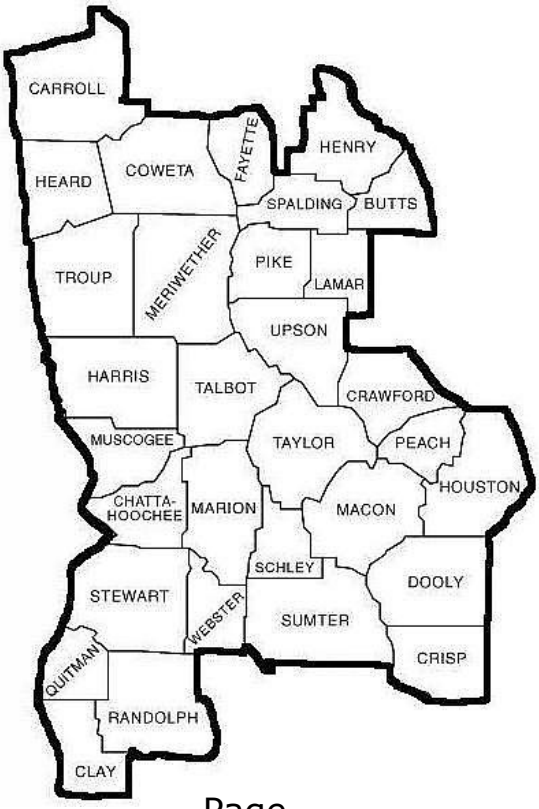
Georgia DBHDD

REGION SIX

Regional Planning Board

Fiscal Year 2013 ANNUAL PLAN



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1. Executive Summary

In 2010 Georgia added a sixth region to its system of care for people with mental illness, addictive diseases, and developmental disabilities to provide more localized services. The system has been redesigned to offer a more functional approach to providing care to Georgians. DBHDD established a team of key leaders comprised of Regional Hospital Administrators, CSB Association Leaders, Regional Coordinators, Regional Leadership Council Representatives, Regional Planning Board Members and DBHDD Board of Director to review the new design, offer feedback and ultimately agree on a realignment that would positively benefit consumers.

The new regional alignment was geographically designed to provide a more focused, effective service system. It will improve DBHDD's ability to inventory available community services for future planning. It also improves the working relationship with the CSB system and Regional Planning boards and provides improved oversight of service providers. There are no breaks in CSB service areas and each CSB now interfaces with only one hospital and regional office.

The new Region Six DBHDD Office plans and oversees a network of mental health, developmental disabilities, and addictive disease and prevention services for 31 counties located in West Central Georgia. The Region includes the metropolitan areas of Columbus, LaGrange, Carrolton, and the rapidly growing areas of Warner Robins/Houston County and McDonough/Henry County. The remainder of the Region is primarily rural, with most other cities and counties having populations of less than 25,000.

The Region maintains close relationships with consumers, families, advocacy groups, service providers and other stakeholders. The Regional Office holds monthly provider network meetings. Regional Planning Board meetings provide consumers and stakeholders with an opportunity to make public comment and input.

The Region's hospital-based Case Expediters monitor hospital admissions and serve as the Regional lead in the transition of Olmstead list consumers. Community-based Case Expediters assist consumers and families in accessing services and do a range of liaison work with providers and other stakeholders. The Region's Child and Adolescent Program Specialists are specifically targeted to monitor the utilization of the Psychiatric Residential Treatment Facilities (PRTF) and Room, Board and Watchful Oversight (RBWO) and Community Stabilization Program (CSP) admissions for Region Six youth. The bulk of the Regional Office staff is associated with the Intake and Evaluation Team and Planning List Administration staff relative to developmental disability services.

2. Region Six DBHDD Planning Board Membership

Members of the Region Six Planning Board as of March, 2011 are:

COUNTY	NAME
Butts	Mallory, Sheila
Carroll	Duplechain, PhD, Rosalind
Carroll	Chibbaro, Julia
Chattahoochee	Kuester, Ruth
Clay	Waters, Barry
Coweta	Smith, Sandra
Coweta	Thompson, John
Crawford	Smith, Becky
Crisp	Dowen, Jr, Cecil
Fayette	Steele, Harriette
Fayette	Lane, John
Harris	Folds, Martha
Heard	Allen, Sandi
Houston	Carricker, Debra
Houston	Long, Barbara
Houston	Harn, Lavonne
Meriwether	Sweatnam, Mike
Muscogee	Sanders, Albert
Muscogee	Young, Shana
Muscogee	Myles, Mary
Peach	Ballard, Ashley
Pike	King, Glynda
Randolph	Murphy, Bertha
Spalding	Griffin, Kim
Spalding	Phillips, Frances
Troup	Boyd, Donald
Troup	Patterson, Bettye
Upson	Auth, Donna

COUNTY	NAME
Dooly	Vacant
Henry	Angela Craig
Henry	Amy Sudduth Kuhns
Henry	Jim Risher
Lamar	Vacant
Macon	Vacant
Marion	Vacant
Muscogee	Vacant
Quitman	Vacant
Schley	Vacant
Stewart	Vacant
Sumter	Vacant
Talbot	Vacant
Taylor	Vacant
Webster	Vacant

3. Description of Region

Region Six covers thirty-one counties of west central Georgia with a total population of over 1,300,000. West Central Georgia Regional Hospital, located in Columbus, is the designated state DBHDD hospital for Region Six. Children and adolescents who have high acuity are served in Crisis Stabilization Programs (CSP) Greenville and Macon that are operated by Community Service Boards.

In general, Region is challenged economically. According to U.S. Census data, more than 40% of the population in 15 of Region Six's 31 counties were below 200% of the poverty level in 2000. Almost 60% of the students in Region Six counties are eligible for free or reduced price meals, compared to 41% in Georgia. In December 2010 the average unemployment rate in Region Six was 11.6% ranging up to 17.9% in Chattahoochee County. As a result, a large number of Region Six citizens are eligible for services provided through the public sector.

Region Six has a land mass of over 10,000 square miles (over 17% of the state), yet nineteen of the thirty-one counties have populations of less than 25,000 people. Nine Region Six counties have less than 25 people per square mile (Georgia has over 165 people/square mile state-wide). This presents challenges to efficiently locate services in all counties. Although the population of Region Six grew by over 200,000 people (6.2%) between 2000 and 2009, five of our counties actually have fewer residents than they did a decade ago.

On the other hand, Harris, Fayette and Henry counties have relatively low unemployment rates and growing economies and Columbus/Muscogee County is booming as a result of the growth of adjacent Fort Benning due to the US Army's *Base Realignment and Closure* (BRAC) initiative.

4. Assessment of Regional Needs

The Department of Behavioral Health and Developmental Disability's (DBHDD) mission statement is "Provide and promote local accessibility and choice of services and programs for individuals, families and communities through partnerships, in order to create a sustainable, self-sufficient and resilient life in the community."

Stakeholders from Region Six are working to design a service system that will address this mission by providing the services and supports needed by the core customers of the DBHDD. 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 Six 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, with special emphasis on the target population outlined in the ADA Settlement Agreement with the Department of Justice.

A region to state comparison of the estimated prevalence of consumers compared to consumers currently being reached, based upon FY10 data, yielded the following information for the Region 6 population:

Estimated Need (Prevalence) to Consumers Served (Penetration) in FY10

	Region Six	**Georgia**
Adults with Serious Mental Illness (SMI)	31.7%	28.6%
Children and Adolescents (C&A) with Severe Emotional Disturbance (SED)	28.4%	30.6%
Adults with Substance Abuse	12.53%	13.71%
Adolescents with Substance Abuse	10.28%	13.53%
Persons with Developmental Disabilities	12.4%	11.5%

Adults with Serious Mental Illness Persons and Persons with Developmental Disabilities are served at a slightly higher rate than statewide. The other Services are utilized at a slightly lower rate than statewide.

To assist in identifying needs and priorities for the fiscal year 2012 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 surveyed providers, held a public forum, and held bi-monthly board meetings which serve as a venue for the public and providers to share information with the Board. The Georgia Department of BHDD Information Management Unit, the 2008 Georgia County Guide and United States Census Bureau data were also important in assessing needs.

A survey was distributed to all Region Six service providers and a public forum was held for consumers. The top needs identified by both of these groups were:

<u>Adult Mental Health</u>

- Transportation to appointments and around the community.
- Local training
- Supported employment
- Housing/Residential
- Equipment for hands-on training for activities of daily living.
- Crisis Stabilization programs (Columbus area)

<u>Adult Addictive Disease</u>

- Transportation
- Local training
- Intensive Outpatient programs
- Crisis Stabilization programs (Columbus area)
- Drug Courts

<u>Child and Adolescent Mental Health</u>

- Transportation
- Increase in funding to provide more services
- Funding for attending staffing at school, DJJ, DFCS, court hearings, and legal proceedings
- Training

<u>Adolescent Addictive Disease</u>

- Transportation
- Intensive treatment services
- Increase in funding to provide more services
- Funding for Drug Court

- Local training

Developmental Diseases
- Transportation
- Increase in number of waiver slots
- Increase rates for provision of medically related services at DD service sites
- Increase supported employment opportunities
- Increase in number of quality providers

Co-Occurring Disorders
- Transportation
- More training
- Improved reimbursement rates for day services

Autism
- Support groups for family/consumers with Autism
- Training

State Hospitals
- Fewer barriers to getting consumers hospitalized when they need this level of care
- Better discharge planning and accountability for hospitals
- Statewide formulary
- Funds to follow discharged clients

5. Regional Planning Board Priorities

A. Adults with Serious Mental Illness

Service Priority A
There is a significant need for availability of transportation services and supports in rural counties. (Supports DBHDD FY11 Priorities: Maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The majority of rural counties have small populations which do not support providers having offices established in these counties because costs exceed revenue. Few rural counties provide access to public transportation. This barrier to accessing needed services creates greater incidence of people's psychiatric condition deteriorating such that they experience loss of stable housing and loss of employment. They often utilize expensive rural Emergency Room services for crisis events and have greater incidence of contact with law enforcement yielding criminal charges which further limit housing and employment options. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. Over time these support people lose their willingness to support their loved ones, thus creating an ever greater reliance on limited professional resources.

Service Priority B
There is a need for greater availability of housing options and residential services to adequately support the needs of people with chronic mental illness in the community. (Supports FY11 DBHDD Priorities: Increase consumer employment and self-sufficiency; Move all individuals from state hospitals to community services, whose disability does not necessitate continued hospitalization, as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
Stable housing is a cornerstone of successful recovery. Without this people are more concerned with where they will spend the night rather than continuing to take their medications or participate in treatment services. This greatly increases the likelihood they will not follow through with treatment recommendations and will subsequently become psychiatrically destabilized. Emergency rooms are utilized for crisis intervention, frequency of contacts with law increases, and basic safety of the person is jeopardized. People with

chronic mental illness are at greater risk of being taken advantage of by others due to their increased vulnerability. Stable housing includes both "brick and mortar" in a variety of community settings and needed residential provider services to maximize a person's ability to remain stable in the community.

B. Persons with Developmental Disabilities

Service Priority A
There is a significant need for availability of transportation services and supports in rural counties. (Supports DBHDD FY11 Priorities: Maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The majority of rural counties have small populations which do not support providers having offices established in these counties because costs exceed revenue. Few rural counties provide access to public transportation. This barrier to accessing needed services creates greater incidence of people's psychiatric condition deteriorating such that they experience loss of stable housing and loss of employment. They often utilize expensive rural Emergency Room services for crisis events and have greater incidence of contact with law enforcement yielding criminal charges which further limit housing and employment options. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. Over time these support people lose their willingness to support their loved ones, thus creating an ever greater reliance on limited professional resources.

Service Priority B
Additional NOW/COMP waiver funding is needed for individuals who are on the short and long term planning lists. (Supports DBHDD FY11 Priorities: Increase the number of individuals receiving waiver services, as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The New Options Waiver (NOW) and the Community Habilitation and the Comprehensive Supports Waiver Program (COMP) offer home and community-based services for people with mental retardation or developmental disabilities. As of February 2011, there were 328 people on the Region Six short term planning list and 465 people on the long term planning list identified as needing one or more types of waiver funded services. It is

recommended that additional state funds be supplied to access Federal funds over the next three years. This would allow movement of these participants from the planning lists into services. This additional funding would address the needs of the current planning lists and prevent delay of people who graduate from the school system in accessing require DD services from DBHDD.

Service Priority C
Increase the funding and rates for participants who have been identified as needing Community Living Services (CLS) and Community Residential Alternatives (CRA) and are on the short term planning list. (Supports FY11 DBHDD Priorities: Improve accessibility of housing and residential support for individual with DBHDD needs, as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
According to the 2009 report from the Georgia Council on Developmental Disabilities, there are over 17,000 adults with developmental disabilities living with caregivers over the age of 64. This report also notes Georgia is on of the top ten fastest growing states in the country and has one of the top ten fastest growing aging populations.

Service Priority D
Increase the number of Supported Employment providers and programs with viable work/employment opportunities in order to afford more choices and options for people currently in services and on the planning lists. (Supports FY11 DBHDD Priorities: Increase consumer employment and self-sufficiency; as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
Providers need to develop employment opportunities for individuals with developmental disabilities within the geographic accessibility of the Region. Individuals are in need of more choices of types of programs for Supported Employment, especially in rural areas and for individuals finishing high school.

Service Priority E
Increase the number of quality DD providers and programs especially for individuals in rural areas in order to afford people more choices and options and to facilitate transition of individuals currently in state hospitals. (Supports FY11 DBHDD Priorities: Transition DD individuals from state hospitals and increase consumer self-sufficiency; as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
Due to most of Region Six being largely 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 as well as those individuals currently residing in state hospitals.

C. Children and Adolescents with Serious Emotional Disturbance

Service Priority A
There is a significant need for availability of transportation services and supports in rural counties. (Supports DBHDD FY11 Priorities: Maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The majority of rural counties have small populations which do not support providers having offices established in these counties because costs exceed revenue. Few rural counties provide any access to public transportation. Many families are of limited means and have limited access to transportation which limits their ability to participate in treatment programs for their children.

Service Priority B
Increase availability of community crisis services. (Supports FY11 DBHDD Priorities: Ensure a community-based comprehensive array of crisis intervention services 24/7, as required by the ADA Settlement Agreement with the Department of Justice and the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
When children and adolescents exhibit behaviors that are a significant danger to self or others, the individual is admitted to a state or private psychiatric hospital frequently located some distance from their home and local support system. A community crisis intervention continuum that includes behavioral therapy support, respite, and crisis stabilization that are less intensive or intrusive alternatives to psychiatric hospitalization, facilitates more effective family training/therapy and promotes continued resiliency.

D. Adults with Addictive Diseases

Service Priority A

There is a significant need for availability of transportation services and supports in rural counties. (Supports DBHDD FY11 Priorities: Maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The majority of rural counties have small populations which do not support providers having offices established in these counties because costs exceed revenue. Few rural counties provide access to public transportation. This barrier to accessing needed services creates greater incidence of people's psychiatric condition deteriorating such that they experience loss of stable housing and loss of employment. They often utilize expensive rural Emergency Room services for crisis events and have greater incidence of contact with law enforcement yielding criminal charges which further limit housing and employment options. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. Over time these support people lose their willingness to support their loved ones, thus creating an ever greater reliance on limited professional resources.

Service Priority B
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
There is a significant need for availability of transportation services and supports in rural counties. (Supports DBHDD FY11 Priorities: Maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)

Rationale
The majority of rural counties have small populations which do not support providers having offices established in these counties because costs exceed revenue. Few rural counties provide access to public transportation. This

barrier to accessing needed services creates greater incidence of people's psychiatric condition deteriorating such that they experience loss of stable housing and loss of employment. They often utilize expensive rural Emergency Room services for crisis events and have greater incidence of contact with law enforcement yielding criminal charges which further limit housing and employment options. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. Over time these support people lose their willingness to support their loved ones, thus creating an ever greater reliance on limited professional resources.

Service Priority B
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. Forensics

Service Priority A
Increase the range of service available to this growing population. (Supports FY11 DBHDD Priorities: Increase community based services for this population when the relevant court finds that community placement is appropriate, as required by the U.S. Supreme Court's Olmstead vs L.C. decision.)
Rationale
A large and growing population in DBHDD inpatient beds is controlled by the court system. Community-based competency evaluation is now an option and

is being used effectively to reduce our inpatient population. Specialized community options are now available which offer on-site legal issues groups, psychiatric visits for medication management, and general day treatment. Expansion of these services can safely reduce costs and improve the quality of our services to the courts and this population.

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