

Board Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental
Disabilities

December 18, 2025



Agenda

Roll Call

Call to Order

Introduction of Guest Speaker

Action Items

- Board Meeting Minutes – October 23, 2025
- Proposed 2026 Meeting Schedule
- Cindy Levi Resolution

Commissioner's Report

- Community Residential Alternative
 - Crisis Services & Diagnostics Center Update
 - IDD Workgroup & Planning List Highlight
 - Assessment Tool & Planning List Overview
 - New Waiver Overview
 - DBHDD & Therap Services Partnership
 - 2025 Board Engagement
-

Chair's Report

Public Comment

Roll Call

Chelsea Nabritt

Board and Special Project Manager

Call to Order

Lasa Joiner

Chair

Action Item

- Board Meeting Minutes – October 23, 2025

Action Item

- Proposed 2026 Meeting Schedule

Action Item

- Cindy Levi Resolution

Commissioner's Report

Kevin Tanner
Commissioner



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Georgia Department of Behavioral Health & Developmental Disabilities

Beth Shaw

Director, Office of Crisis & Transition Service

Division of IDD

12/18/25



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IDD Crisis Service Roadmap

On-Site Stabilization

Brief assessment and intervention by the mobile crisis team at the location of the individual

Intensive In-Home Support

Time limited behavior supports provided to the individual and their caregivers in their home

Intensive Out-of-Home Support

Time limited behavior supports provided to the individual out of their home - this would include services provided within the limited crisis homes based upon clinical determination and availability.

SERVICE NEEDS

1. Establish IDD CSDC
2. Create 3 additional CRA service lines through HCBS Waiver

Investing in the Highest-End Needs *of the* IDD Service Continuum

DBHDD comprehensive strategy to support the Complex Care Need (CCN) individuals within the intellectual and developmental disabilities (IDD) service continuum.

These behavioral focused and specialized transitional settings are not intended as permanent residential placements but services that are offered to be the least restrictive environment to meet the person's needs.



Standard CRA

Increased acuity services and staffing provided in a CRA model.

Will serve all waiver funded individuals or participants assessed for short or long term CRA needs

COMP Waiver funded

Behavior Focused CRA

- Temporary placement for complex individuals – goal is to discharge each person under 180 days.
- Offers opportunity for comprehensive evaluation of individual's support needs.
- Individuals may be discharging from the CSDC, jail, ED, long-term or out-of-state PRTFs or may be youth in DFCS custody
- Will be offered statewide.

Individuals will be ready to transition to another level of service when:

- The targeted behaviors have reduced in frequency and intensity
- They engage in replacement behaviors more often than targeted challenging behaviors
- They are assessed to need a different service.

Intensive CRA

Modeled after the Behavior Focused CRA service

Difference: These individuals are anticipated to require that level of care on permanent basis

Annual (or more frequent if deemed necessary) assessment to determine if person continues to require this level of service or if they can transition to Standard CRA services

Homes may be diagnosis specific

Example: ASD, Polydipsia, PICA, ASL Fluent Homes

Specialized Transitional CRA

An extension of a two-home pilot program that began in Augusta March 2024.

Meet the identified need of serving individuals that have been abandoned in community EDs

Relieve some pressure from the community hospital care system

Designed to meet complex behavioral and medical needs

2 homes are in development in Macon to support CSDC discharges. Identified other areas most in need.

Ability for step-down utilization from the CSDC for people who require additional transition planning

CSBs Starting New Services

Region 1	Avita
Region 2	River Edge
Region 3	Claratel
Region 4	Aspire
Region 5	Gateway
Region 6	Pathways



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Crisis Service Diagnostic Center (CSDC) and Center for IDD Care

Dr. Mercedes Brown, BCBA, LBA, NADD-DDS
Crisis Stabilization Services Manager
Georgia Department of Behavioral Health and Developmental Disabilities

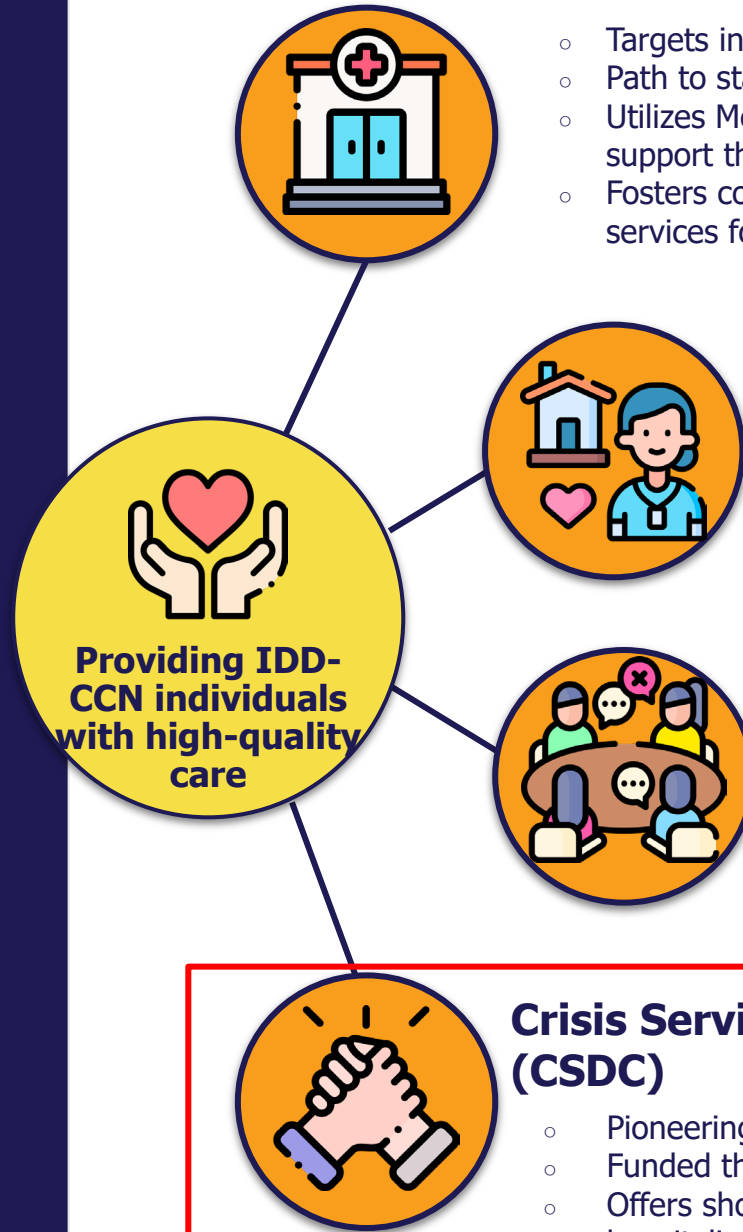
Agenda

- ✓ **Crisis Service Diagnostic Center Updates**
- ✓ **CSDC Challenges and Success Stories**
- ✓ **Center for IDD Care Updates**
- ✓ **Questions**

Investing in the Highest-End Needs *of the* IDD Service Continuum

DBHDD comprehensive strategy to support the Complex Care Need (CCN) individuals within the intellectual and developmental disabilities (IDD) service continuum.

These behavioral focused and specialized transitional settings are not intended as permanent residential placements but services that are offered to be the least restrictive environment to meet the person's needs.



Behavior-Focused CRA

- Targets individuals with severe behavioral challenges.
- Path to stability and improved quality of life.
- Utilizes Medicaid under NOW/COMP waivers; state funds support those without Medicaid.
- Fosters collaboration with universities and community services for advanced treatment and development.

Intensive CRA Services

- For those requiring long-term, high-intensity support.
- Funded through Medicaid and a Tier 2 CRA rate structure.
- Ensures permanent, stable housing with comprehensive care.
- Represents a commitment to the most challenging needs.

Specialized Transitional CRA

- Aids in transitioning from crisis to community living.
- Plans to expand across Georgia, increasing capacity.
- Serves as a model for effective care transitions.
- Aims to reduce the burden on emergency departments and hospitals.

Crisis Service and Diagnostic Center (CSDC)

- Pioneering approach to crisis intervention.
- Funded through legislative appropriations.
- Offers short-term, intensive support to prevent hospitalization and legal issues.
- Beacon of hope for those facing acute crises.





RIVER EDGE

BEHAVIORAL HEALTH

We Make Life Better™

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Crisis Services Provided

Diagnostic Evaluation and Assessment

- Psychiatry and 24/7 Nursing Support
- Clinical assessments, medication evaluations, and genetic testing

Behavioral Services

- BCBAs, RBTs, and 1:1 staff ratio
- Crisis support, behavior intervention, and staff training

Therapeutic Services

- Sensory rooms, activity rooms, calming rooms
- Courtyard area

Discharge Planning and Linkage

- Case Manager and DBHDD Case Expeditor
- Most appropriate community services identified and secured



Crisis Services Diagnostic Center

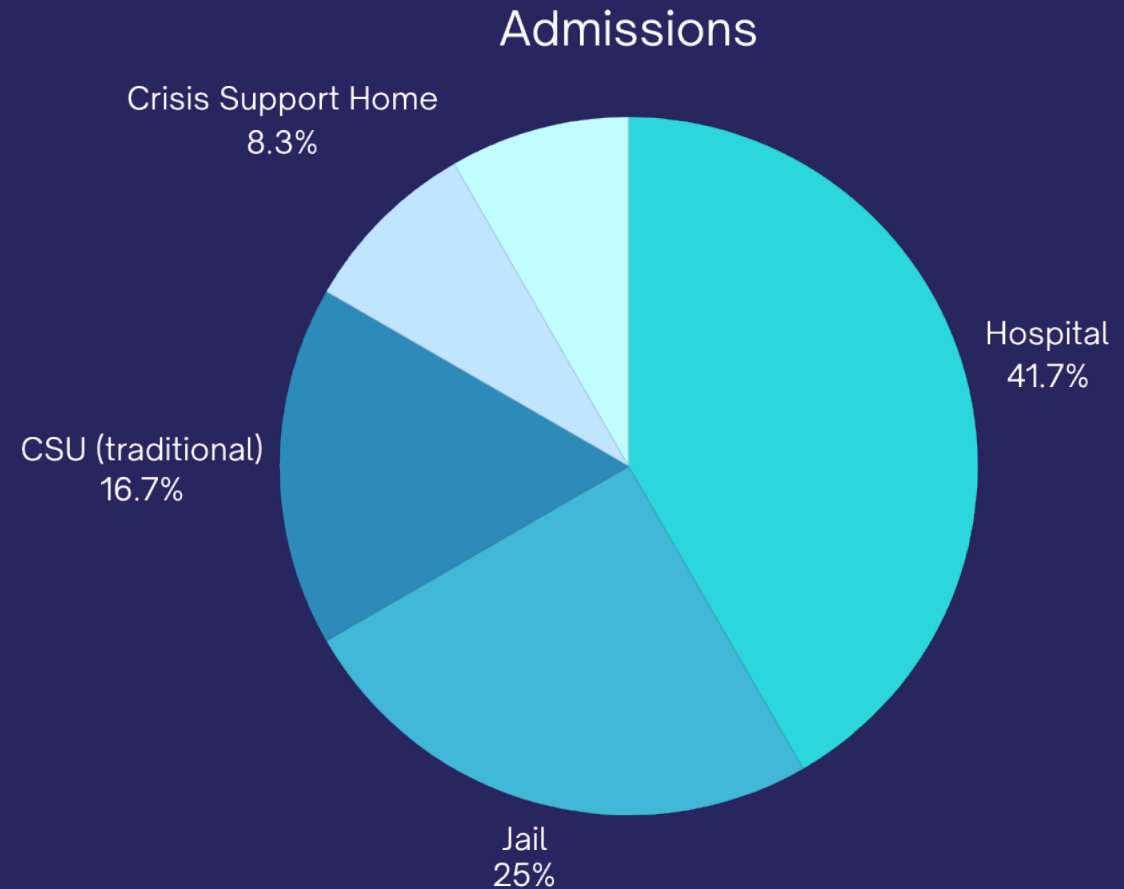
Initial Outcomes

The CSDC started accepting patients on 6/16/25 using a “phased” approach. The current census is at eight individuals. Staffing challenges limit the center’s ability to open all 16 beds.

12 Total # of Admissions

04 Total # of Discharges

77 Days Average Length of Stay



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SCHOOL OF MEDICINE

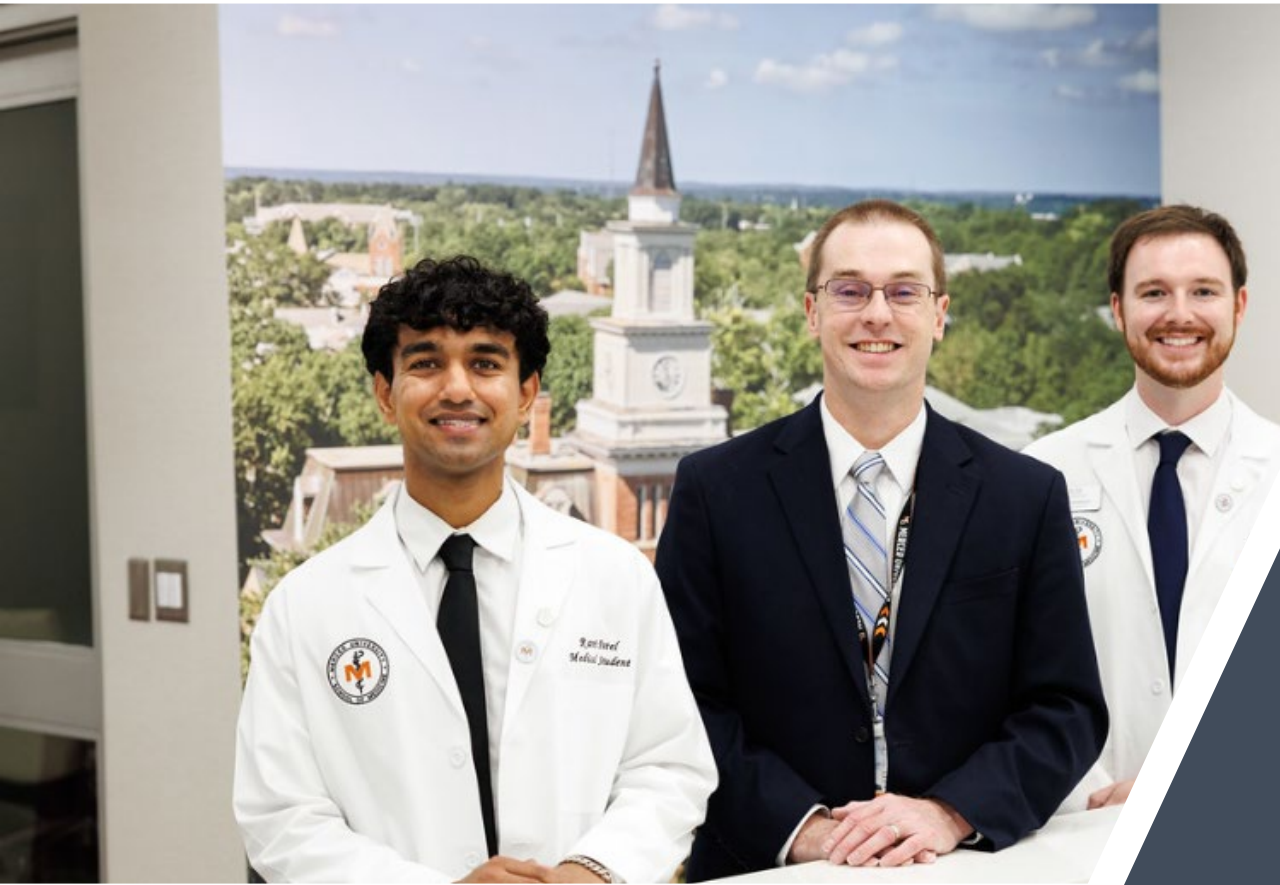
Center for IDD Care

Crisis Services Diagnostic Center

Success Stories

Since the opening in June, the CSDC has successfully stabilized and treated several individuals. DBHDD will continue to closely monitor the experience of individuals served at the CSDC.





Outpatient Clinic Services

Mercer Center for IDD Care

Clinic opened -
12/2/2025

Primary care and
pharmacy available

Dental and
therapeutic services
to be available
January 2026

Audiologist hired;
Psychiatrist identified



Crisis Services Diagnostic Center Questions?



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Georgia Department of Behavioral Health & Developmental Disabilities

Ronald Wakefield, Director

Office of Intellectual and Developmental Disabilities



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Senate Study Committee on Individuals with IDD and Waiver Plan Access - Senate Resolution 770

Senator John Albers, Co-Chair
Senator Sally Harrell, Co-Chair

Senate Study Committee - 2022

Recommendations relevant to current work:

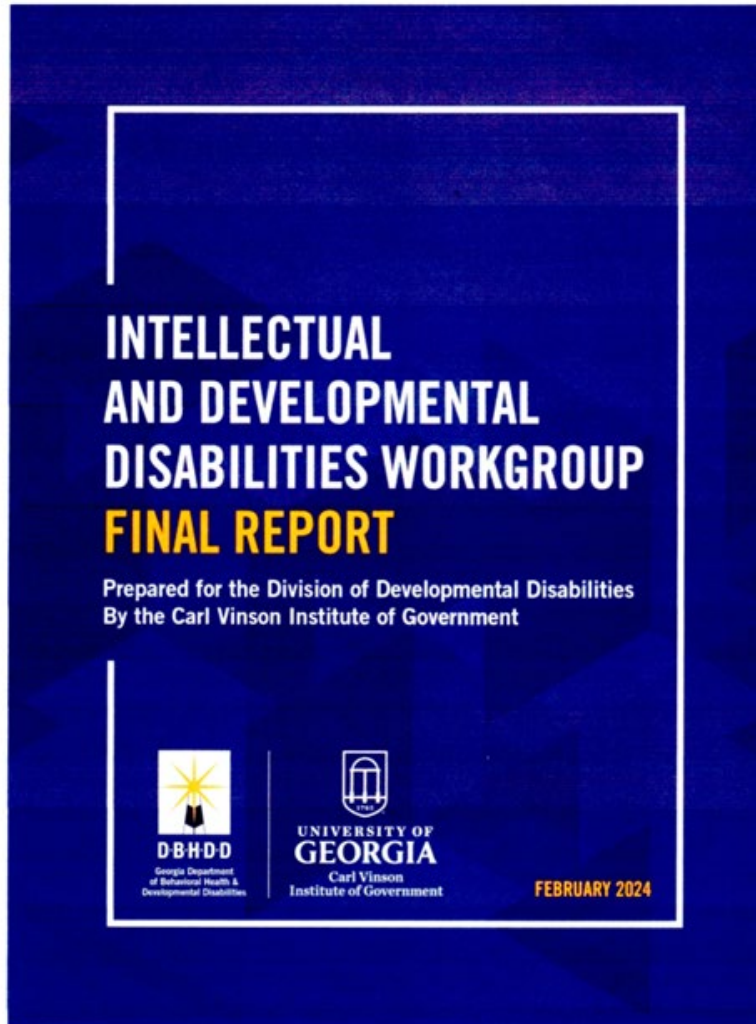
Strategic and Long-Term Planning

Create the IDD HCBS Commission on Reform and Innovation Commission. Within the Commission create working sub-committees on issues regarding Managed Care; Workforce Wages/Incentives and Direct Service Provider Career Paths; Transportation; Housing; Employment; System Management; Innovation and Technology Processes; Service Delivery Innovations and Technology; Planning List Management and Funds Utilization/Evaluation; and other committees as needed.

Administration

Refine the Waiver Planning list to reflect easily accessible data, which supports objective decision making and future projections for planning. This data should include categories such as acuity/level of care, current supports, current needs, age, region, and projected date of service needs (i.e., 3 years vs immediate). The data must be in a format that allows for easy access and sorting/searching by the public.

IDD Workgroup



The workgroup recommended:

- A longer-term planning project to better examine challenges to the IDD Planning List, identify priority recommendations, and develop specific business cases to support decisions and implementation
- Considerations for long-term expansion of system capacity and new waiver requests, including creating a solid methodology to identify the number of people who are eligible and ready for services
- Criteria for IDD Planning List sub-populations, such as age, need, geography, funding eligibility, caregiver/natural supports, and living situation, can aid in the process of identifying people who are eligible and ready for services

2024 – 2025 Guidehouse Report



Recommendations:

1. Enhance the Prioritization of Waiver Offers via an Urgency Screening Tool or Updates to the Determination of Need-Revised (DON-R) Assessment Tool
2. Implement a Multi-List Model
3. Create an Additional 1915(c) Waiver for Developmental Disabilities
4. Enhance Data Analysis and Reporting

IDD Workgroup

The IDD Workgroup was reconvened in March 2025.

The IDD Workgroup, in partnership with the Division of IDD, is developing strategies, action steps, and timelines for implementing recommendations from the Senate Study Committee and Guidehouse Reports.

The work is conducted through three subcommittees:

- Assessment/Screening Tool
- Planning List
- New Waiver

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Georgia Department of Behavioral Health & Developmental Disabilities

Rita Young

Executive Director, Participant Directed Advocates
of Georgia

&

Bruce Lindemann

IDD Advisory Council, DBHDD



Assessment Tool Subcommittee

Chair: Rita Young, Participant Directed Advocates of Georgia (PDAG)

Brook Kubik, Georgia Council on Developmental Disabilities

Cindy Levi, Georgia Association of Community Service Boards

Dr. Sarah McMurty, DBHDD, Central Office

Belinda Carter, DBHDD, Region 6

Jeff Thompson, Region 3

Assessment Tool Subcommittee

Work to Date

- Reviewed the Guidehouse Report and recommendations
- Reviewed Georgia's current assessment instrument – the Determination of Need- Revised (DON-R) and urgency criteria.
- Reviewed the Guidehouse recommended assessments – the Prioritization of Urgency of Need for Services (PUNS) and the Screening for Urgency of Need (SUN)
- Met with Pennsylvania Support Coordinators who have been utilizing the PUNS for years to learn from their experience
- Contacted Louisiana officials regarding their experience with the SUN
- Engaged in a demonstration of the administration of the DON-R
- Reviewed a crosswalk of the three (3) instruments
- Developed new urgency criteria
- Conducted a focus group of stakeholders to receive feedback on the criteria

Assessment Tool Subcommittee

Recommendations to Date

- Use best elements from DON-R, PUNS, and SUN
- Face-to-face, in-home interviews are preferable for establishing rapport and assessing living situation. Consider a hybrid approach (virtual/telephonic and/or in-person) based on family preference and DBHDD workload issues
- Contract with the subject matter experts to design the new assessment instrument and conduct validation and reliability studies of the new instrument
- Consider a tiered-approach to re-assessment of individuals on the Planning List – Example: annually for those needing services within the next 1-3 years, every two years for those needing services within the next 4+ years and whenever there is a major change in life circumstance
- Provide completed assessment to the individual/family

Urgency Criteria

Category	Criteria
Complex Support Needs	<ul style="list-style-type: none">• The person has serious behavior and/or emotional/behavioral health needs• The person has medical needs and requires long-term or on-going care and support
Legal or Crisis Involvement	<ul style="list-style-type: none">• The person was recently released or is approved for release from jail/prison• The person has on-going or frequent contact with crisis services, hospital EDs
Unsafe or Unstable Living Conditions	<ul style="list-style-type: none">• The person is homeless or has unstable housing• The person is abused, neglected, or exploited by caregiver• The person needs help to stay safe to remain in current home• Changes in living conditions make it unsafe for the person to continue living in current home
Insufficient or Interrupted Services	<ul style="list-style-type: none">• The person does not get enough daily support services to meet their determined needs• The person moved from another state where they had waiver services• The person is leaving the school system or child welfare system, or is aging out of another waiver• The person needs ongoing help to get or keep a job
Caregiver Limitations or Loss	<ul style="list-style-type: none">• The death of the caregiver or the caregiver is no longer present or available• The primary caregiver is too sick (medical or behavioral health) or physically unable to provide care• The caregiver is 60+ years of age• Caregiver needs help or support to keep their job• The person's needs are greater than the caregiver can safely handle• There are multiple people in the home needing daily care which is too much for the caregiver to manage

Assessment Tool Subcommittee

Next Steps

- Collaborate in the design of the new assessment tool
- Assist in the design of training/education for DBHDD Navigators and other staff members
- Assist in the design of a communication plan for individuals/families, providers, and community partners/stakeholders

Planning List Subcommittee

Chair: Bruce Lindemann

Developmental Disabilities Advisory Council

Lori Campbell, DBHDD Central Office

Rena Harris, Georgia Advocacy Office

DeAnna Julian, Frazer Center

Tais Keyser, Georgia Council on Developmental Disabilities

NeKenya McKinney, DBHDD Region 4

Dr. Sarah McMurtry, DBHDD Central Office

Planning List Subcommittee

Work to Date

- Reviewed the Guidehouse Report and recommendations
- Reviewed the current Planning List
 - As of March 31, 2025 there were 7,833 individuals on the Planning List

Age Range	Number of Individuals
2 – 14 years of age	759
15 – 18 years of age	992
19 – 22 years of age	1400
23 – 40 years of age	3342
41 – 60 years of age	976
61 and over	364

Age range is 2 – 89 years

Planning List Subcommittee

- DON-R scores are listed – 644 individuals had score of “0”
 - Urgent indicator:
 - Yes – 1311
 - No – 6114
 - Blank - 408
- Reviewed urgency criteria used by Pennsylvania
- Reviewed DBHDD Process Maps

Planning List Subcommittee

Considerations

- The Planning List/s should support improved decision-making and fiscal planning
- Desire to move from a crisis-oriented model of waiver approval to a crisis prevention model
- Planning List/s should focus on who the individuals are, what services they need, and when services are needed
- There are individuals on the Planning List who are currently in nursing homes or state hospital beds. Families do not want them moved but also want them included on the Planning List for future planning.
- Some school systems have not properly identified students with IDD, so adults are being identified later in life, but do not have the required documentation for waiver eligibility

Planning List Subcommittee

RECOMMENDATIONS (part 1)

- **Planning list structure**

- Adopt the 3-tier structure recommended by guidehouse:
 - Immediate list: individuals needing services within the current fiscal year
 - Planning list: individuals expected to need services in the next 1–5 fiscal years
 - Forecasting list: individuals expected to need services in 6+ fiscal years

- **Data integrity & tracking**

- Require all planning list data fields be completed (no blank entries)
- Add tracking fields to monitor individual progress, including:
 - Date assigned to “navigator” for assessment
 - Date assessment is completed

Planning List Subcommittee

RECOMMENDATIONS (part 2)

- **Data sharing & forecasting**

- Improve communication and data sharing with gadoe and DFCS
- Use DOE and DFCS data to help populate and strengthen the forecasting list

- **Policy & system enhancements**

- Consider establishing a minimum age for waiver application submission
- Develop an individual/family portal within the new electronic system to allow individuals and families to track application and service status

Next Steps

- Work with the Assessment Instrument Subcommittee to develop the inter-related assessment and planning list process
- Assist in the design of communications to individuals, families, providers, and stakeholders
- Assist in the design of training/education for DBHDD staff members, providers, and stakeholders

New Waiver Subcommittee

Chair: Diane Wilush

United Cerebral Palsy

Shandria Beasley, Department of Community Health

Robert Bell, DBHDD Central Office

Ashleigh Caseman, DBHDD Central Office

Twana King, Georgia Support Services

Dr. Sarah McMurtry, DBHDD Central Office

Mitzi Proffitt, Participant Directed Advocates

D'Arcy Robb, Georgia Council on Developmental Disabilities

Pauline Shaw, Georgia Association of Community Care Providers

Sharia Stripling, Georgia Council on Developmental Disabilities

Allison Vallotton, Parent of Individual on the Planning List

New Waiver Subcommittee

Work to Date

- Reviewed the Guidehouse Report and recommendations
- Reviewed Waiver eligibility criteria required by Federal definition and the criteria used in Georgia, Alabama, Pennsylvania, South Carolina, and Tennessee
- Requested and reviewed data
 - Number of individuals receiving Family Support services in FY23 & 24, what services they are receiving, and are they on the current Planning List
 - How many individuals receiving Family Support services are ineligible for waiver services
 - Cost of services, annual budget and funding source
- Reviewed Family Support Services policy and procedures including Family Support Services, Direct/Brokered Goods, and Services List and Protocols
- Reviewed each service and determined whether it should be included in new waiver services

New Waiver Subcommittee

Considerations

- The pending impacts of Federal Medicaid changes result in many “unknowns” including budget reductions in state Medicaid funding and state block grants
- Work with what we do know – leveraging state funds by drawing down federal match dollars will increase the amount of funding available without any increase to the current allocation of state dollars
- Family Support services are currently funded in part with state dollars and in part with block grant funding. Only state dollars can be utilized for the federal match.
- Plan for individuals who must remain in state-funded family support services due to ineligibility for Medicaid funded waiver services

New Waiver Subcommittee

Recommendations

- Set aside an amount of state dollars to continue capacity to serve individuals who do not meet waiver eligibility criteria

Next Steps

- Work in collaboration with consultant to:
 - Determine eligibility criteria for new waiver
 - Categorize services into broader service definitions
 - Consider service funding caps per service
- Assist in the design of a communication plan for individuals/families, providers, and community partners



DBHDD / Therap Partnership

December 18, 2025



Disclaimer

Any information, support services or advice related to functionality of Therap Services' products is for general guidance only. Care providers are expected to know the procedures, practices and terminology required to provide care for the individuals they serve.

Using Therap should neither circumvent nor take precedence over required care, nor should it impede the human intervention of care providers in a manner that would have a negative impact on any individual's well being.

Seek professional advice on specific issues and their impact regarding any individual or entity. No liability can be accepted for any errors or omissions or for any person acting or refraining from acting on the information provided in these materials and/or presentations.

Any discussion of future functionality is intended for informational purposes only. It is not a commitment to deliver any material, code, or functionality, nor should it be relied upon in making purchasing decisions. The development, release, and timing of any features or functionality described is at the sole discretion of Therap.

Retention of Rights

Therap Services, LLC (hereinafter “Therap”), through the expenditure of great effort and financial resources over a period of many years, has developed and continues to expand and improve its unique services and expertise in the field of data management systems for individuals served in HCBS and LTSS services. Therap hereby gives notice that it retains its exclusive rights and ownership over all of its proprietary know-how and information, whether patentable or unpatentable and whether already developed or only proposed, and in any other trade secrets or nonpublic technological or business information (whether or not reduced to writing or other tangible form).

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About the Presenter



Jeff Case

National Director of
Business Development

- Based in KCMO
- Began with Therap in 2008.
- Director of Business Development in US & Canada.
- CtLC Ambassador
- Project Management Institute (PMI) certified Project Management Professional (PMP).

New Partnership with Georgia

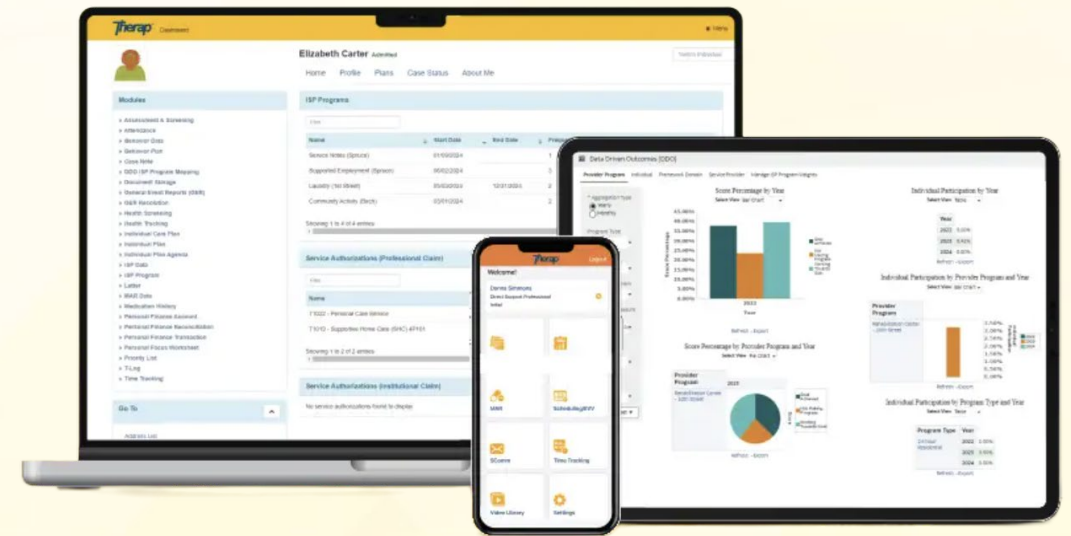
**Georgia Department *of*
Behavioral Health *and* Developmental
Disabilities**



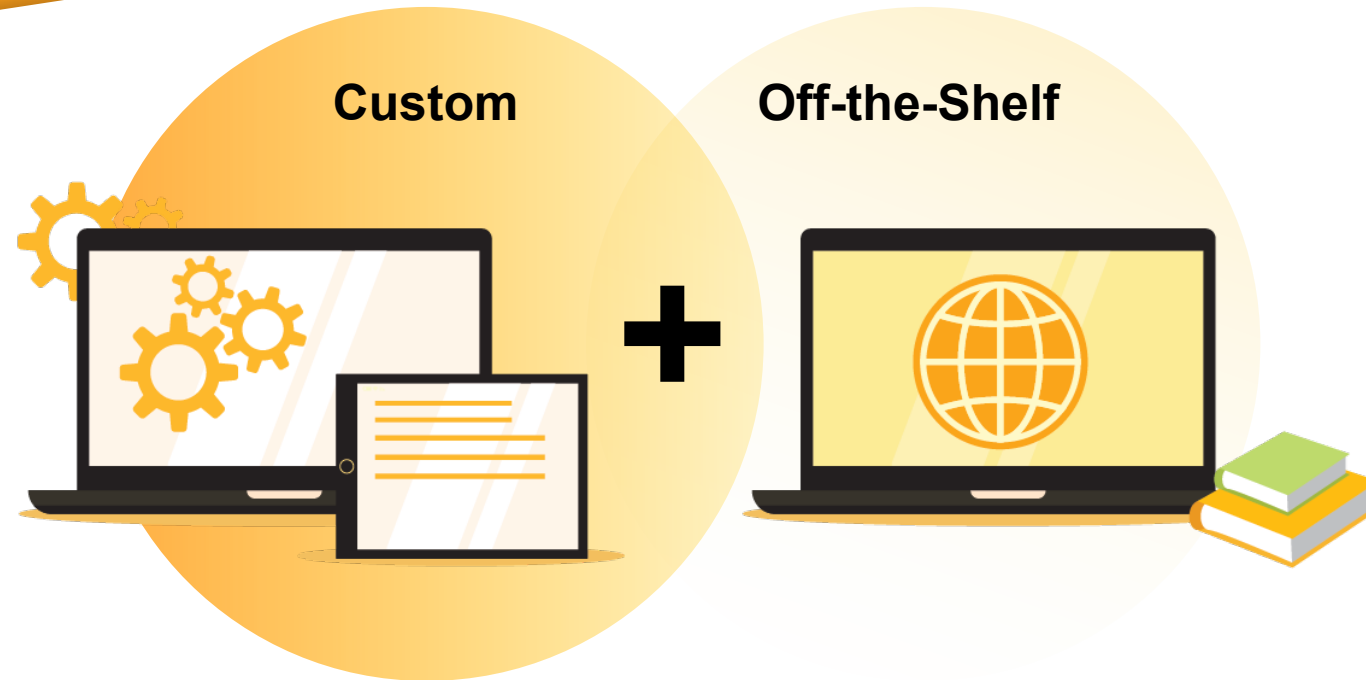
About Therap

Therap's HIPAA-Compliant web-based, SaaS, COTs documentation system has been helping providers since **2003**.

Our users include Human Service Providers, States, Counties, MCOs and other organizations / entities.

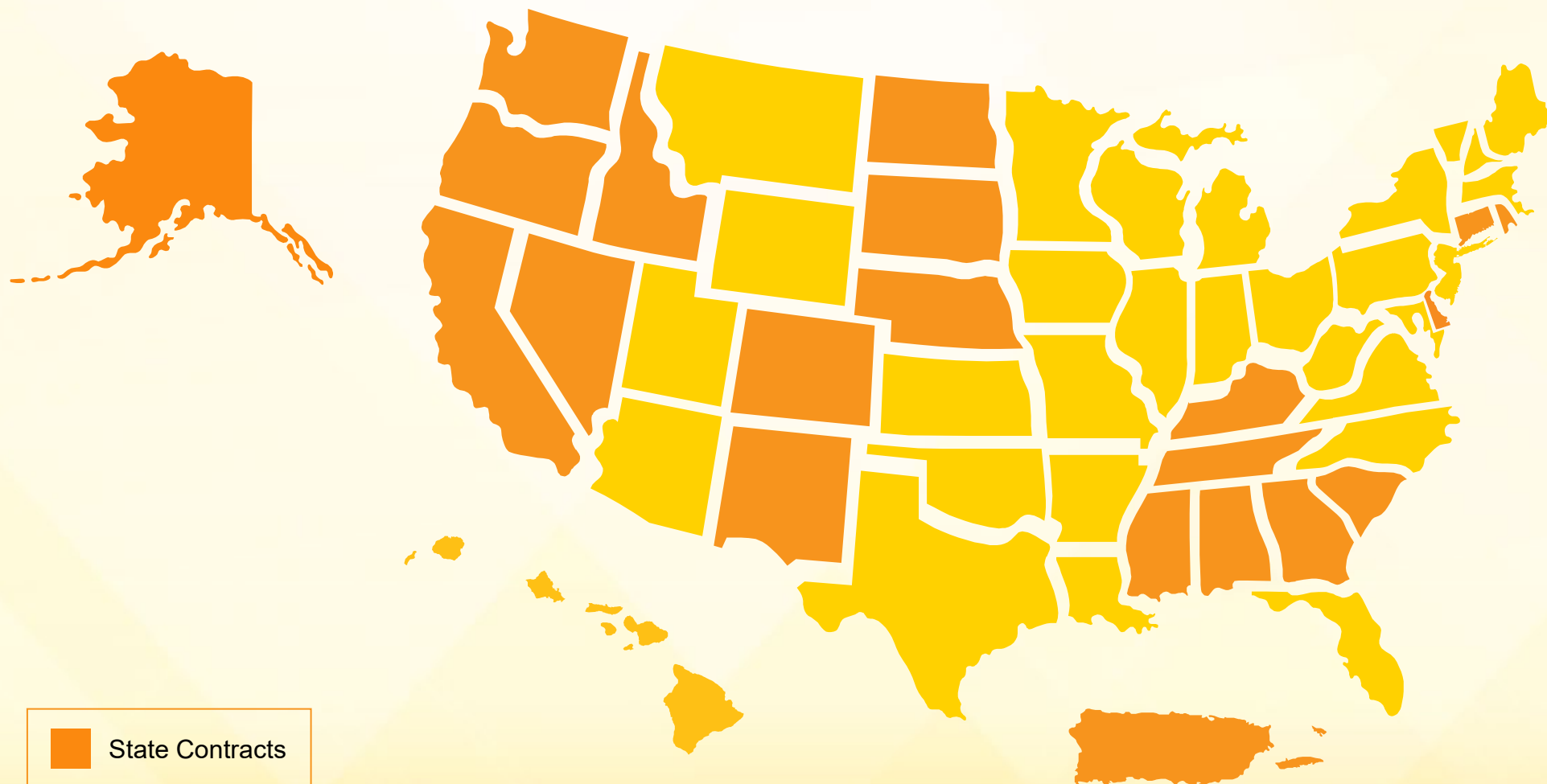


Customization vs. Configuration



Therap Services has benefits of customized and off-the-shelf products; the best of both worlds

We have users in all 50 states and **20+** state contracts



Data Security

- State-of-the-art system monitored 24/7, 365 days a year
- Multiple data centers to prevent interruption of service and loss of data
- SOC 2 compliant
- MARS-E compliant



Therap Data Centers



Core Principles



**Person-Centered
Data-Driven**

Therap Comprehensive Solution

QUALITY ASSURANCE & REPORTING

Business Intelligence
Data Transparency
External Data Feeds
Access for Surveyors & Families

INTAKE ASSESSMENT

Assessments:
Eligibility
Level of Care
Level of Need

SERVICE PLANNING & CASE MANAGEMENT

Person Centered Planning
Authorizations
Document Storage

SERVICE PROVISION

Goal & Outcome Tracking
Incident Management
Health Tracking and Care Plans
Behavior Plans and Tracking

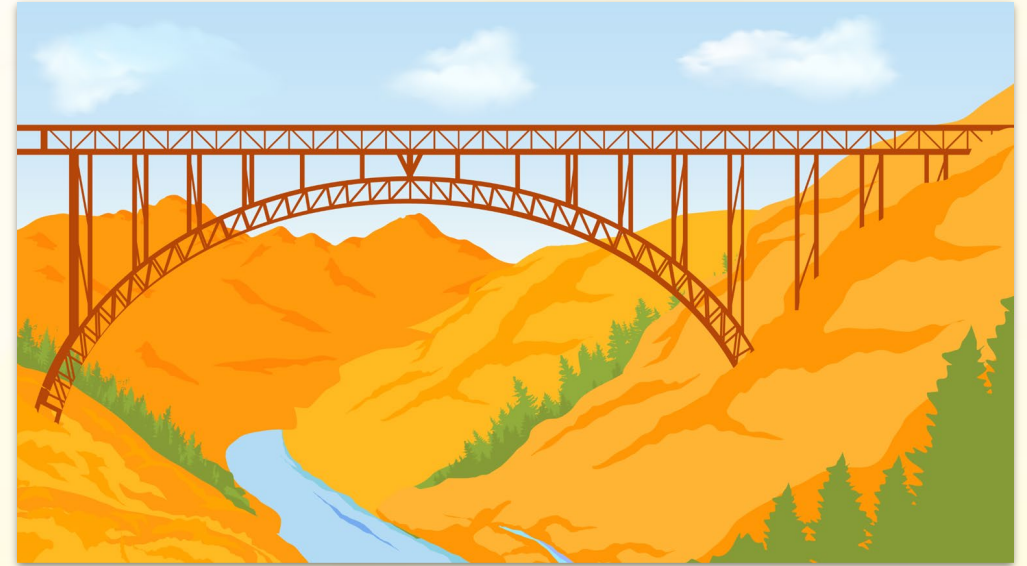
BILLING & CLAIMING

Based on Service Documentation
Direct to GAMMIS
Utilization/Reconciliation

Therap[®]
Person-Centered. Data-Driven.

State Connected Functionality

- Connection
- Collaboration
- Coordination
- Efficiency



Therap's Leadership Team for Georgia



Justin M. Brockie
Chief Operating Officer



Jeff Case
National Director of Business Development



Sazzad Rafique
Chief Information Officer



Jeff Covington
Director of Support, State Team

Therap's Project Team for Georgia



Jason Laws
Director of Quality & Data Initiatives



Heather Daily
Business Development Territory Manager



Gloria Caballero
Project Manager, State Team

Therap's Technical Team for Georgia



Khandker Raska Urzoshi
Deputy Director of EVV & QA



Sarah Papenhausen
Senior Business Analyst



Nadine Finch
Director of Billing and EVV



Fahmida Asir
Deputy Director of Billing & QA

Therap's Support Team for Georgia



Dr. Ishya "Shae" Dotson
Assistant Director of Support, Person Centered Practices

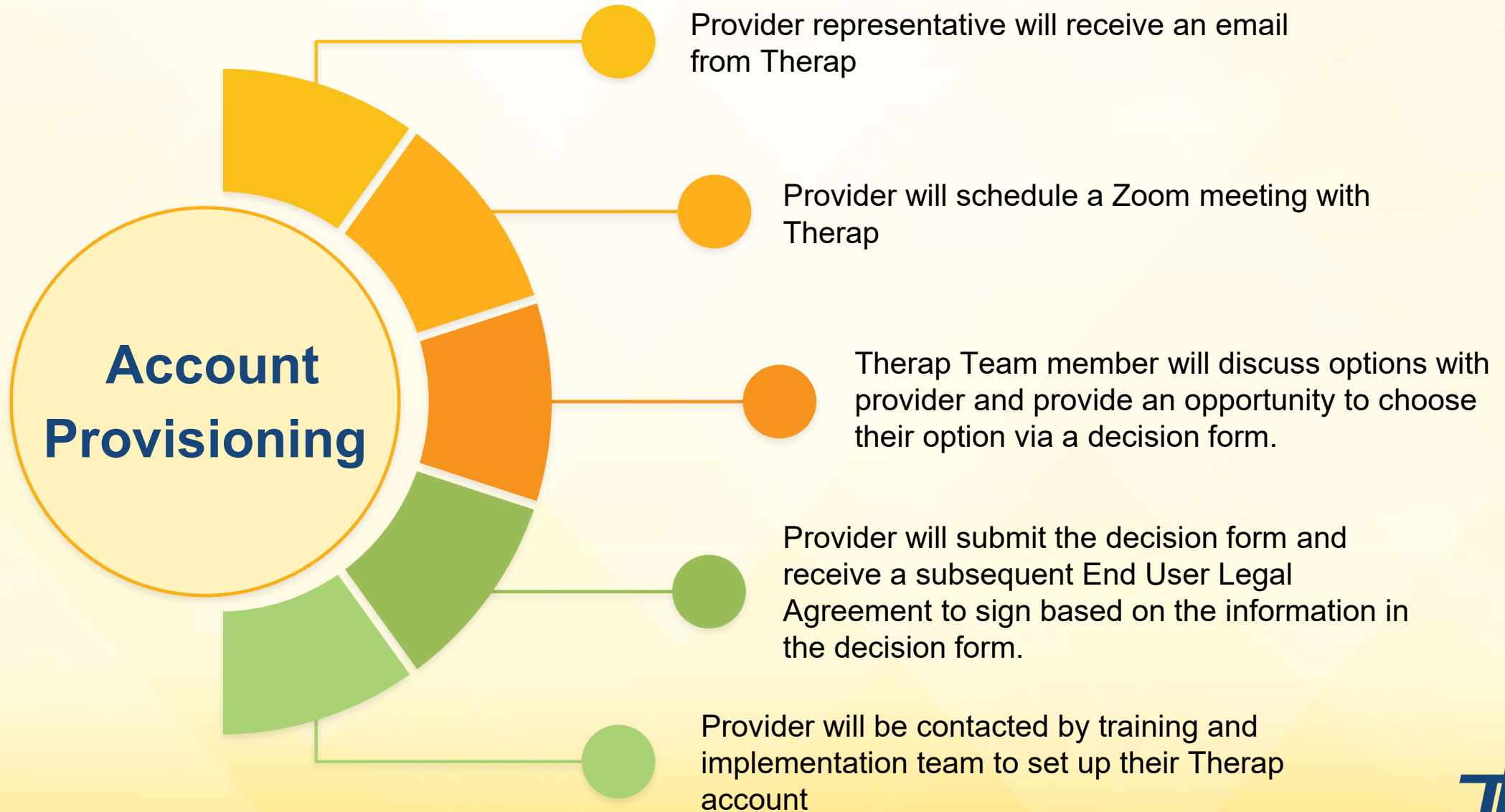


Tarin Tripp
Senior Support Specialist II, State Team



Toni-Ann Larnaitis
Senior Support Specialist II, State Team Billing

Next Steps



Plan Options

	State Provided Functionality	GA State Bundle with Incentive
Activity Tracking/Audit Trails	✓	✓
Attendance/Billing	✓	✓
Behavior Plan/Behavior Data SLE (Behavior Tracking)	✓	✓
Billing Plus	✓	✓
Charting the LifeCourse (Person Centered Planning)	✓	✓
Demographics (Census Report)	✓	✓
Document Storage (2 GB)	✓	✓
General Event Reports, Management/Event Summaries (Critical and Non Critical Incident Reporting)	✓	✓
Individual Demographic Forms	✓	✓
Individual Plan (Individual Support Plan (ISP))	✓	✓
Letter Module	✓	✓
Secure Document Signing	✓	✓
SSO	✓	✓
Secure Communications	✓	✓
Case Notes (Nursing Notes/Assessments/Clinical Notes/PT/OT/ST Notes)	—	✓
Global ISP Template Library	—	✓
Goal Tracking	—	✓
Health Plus (Health Care Plans included)	—	✓
Health Tracking (Bowel Tracking Included)	—	✓
MAR/Medication History (Medication List)	—	✓
Priority List	—	✓
T-Logs (Shift Notes/Daily Summary)	—	✓
GA State Team Training & Support	✓	✓



What are my Options:

- **For Existing Therap Customers**
 - Link Account/Accept Incentive
 - Not Link/Decline Incentive
- **For New Therap Users**
 - Accept Incentive/Expanded Functionality
 - Decline Incentive/State Mandated Only



What can providers expect for initial go-live on January 1st, 2026?

Access to the following Data:

- Individual Demographics
- Individual Medical Information
- Health Tracking
- Medication History/MAR
- Visibility of Service Auth
- Care Plans
- Behavior Plans



What can we expect after January 1st, 2026?

- Incident Management and Investigations.
- Behavior Plans
- Application Portal
- Additional Billing Functionality
- Further Data Migration

Georgia | State Contract

Therap is proud to announce a new partnership with The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). This brand new collaboration will allow the state to take a bold step forward toward modernizing the system of care and providing greater coordination of care, significant efficiencies, and enhanced communication. The Therap system will tie together a full range of state and provider processes to create a simplified, integrated structure to facilitate quality service delivery and positive outcomes for individuals.



Therap for States
2025.11.2 Released



Georgia
Department of
Behavioral Health
& Developmental
Disabilities



Georgia DBHDD -
Introduction
to Therap

[Webinar on: Georgia DBHDD -
Introduction to Therap - July 31, 2025](#)



Georgia
Department of
Behavioral Health
& Developmental
Disabilities



Overview to
Therap and
Georgia DBHDD

[Webinar on: Overview to Therap
and Georgia DBHDD - September 16, 2025](#)

IMPORTANT NOTICE

The Therap Services EULA has been sent out via DocuSign to all DBHDD providers. An executed EULA is required for each provider agency to get started. Please complete the DocuSign as your next step.
For more information, contact: gasupport@therapservices.net



Reach out:

gasupport@therapservices.net

Website Page for GA

<https://help.therapservices.net/s/georgia>

**Thank
You**

Therap[®]
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Georgia Department of Behavioral Health & Developmental Disabilities



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Chair's Report

Lasa Joiner

Chair

Public Comment



A close-up, soft-focus photograph of several hands of different skin tones being held together in a supportive gesture. The hands are cupped, with fingers interlaced, conveying a sense of care and unity.

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

