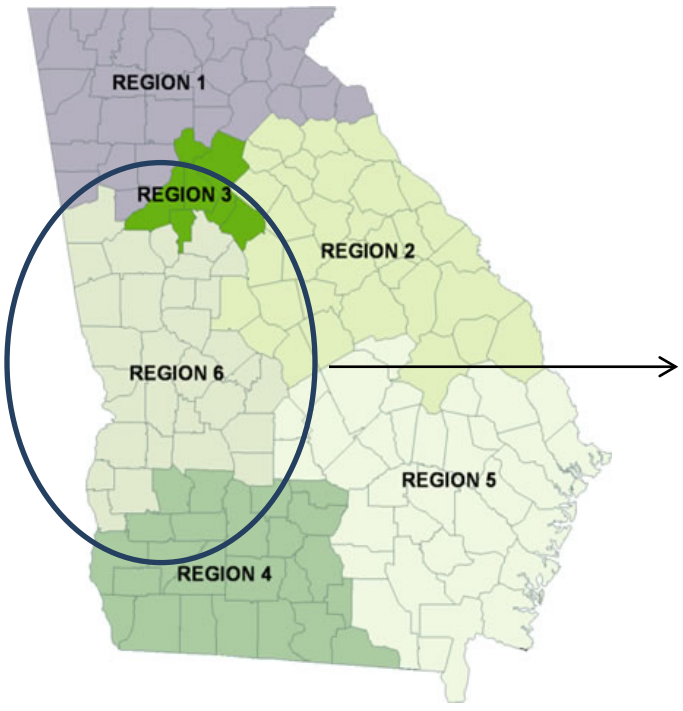
REGION 6 ANNUAL PLAN

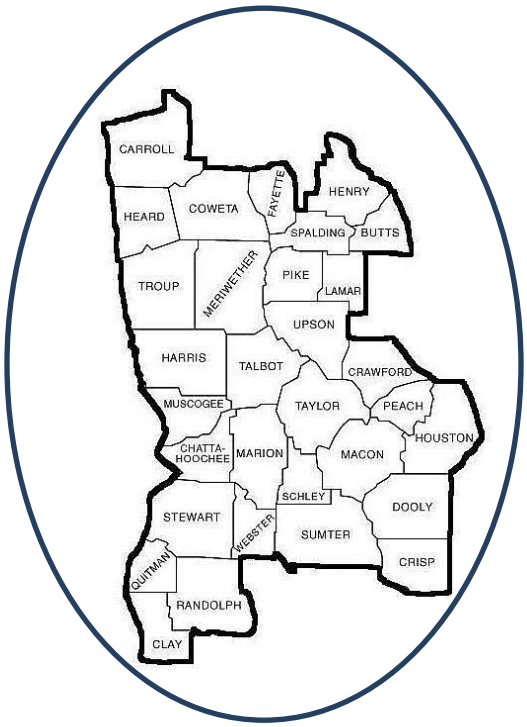
FISCAL YEAR 2017

Prepared by Region 6 Planning Board and Staff

Prepared for the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)



Location of Region 6 in State



31 Counties in Region 6

CONTENTS

FIGURES

SECTION I: EXECUTIVE SUMMARY

We, Region 6 staff and planning board members, proudly present our Annual Plan for Fiscal Year 2017 (FY17).

The preparation of this document was a collaborative effort of stakeholders, staff, and planning board members of Region 6. In 2014, input was gathered from community stakeholders throughout the region. Stakeholders included DBHDD consumers and their families and caregivers, DBHDD service providers, law enforcement professionals, school administrators and staff, health care professionals, elected officials, advocates, and the general public.

The tools used for our collaborative efforts included a community assessment survey, public forums, provider meetings, bi-monthly planning board meetings, and work sessions with regional planning board members and staff.

Our Region and Services

Region 6 serves 31 counties in west-central Georgia. With a population of 1.37 million, Region 6 ranks third among the six DBHDD regions.

Two-thirds of the Region's population live in small towns and rural areas. The remaining one-third live in one of eight cities with populations greater than 22,000.

Poverty is one of the major demographic concerns of Region 6. According to the 2010 U.S. Census Bureau, 21 of the region's 31 counties have an average poverty level that is greater than the national average.

The Region 6 DBHDD Office (Region 6 Office), headquartered in Columbus, plans and oversees a network of mental health, developmental disabilities, and addictive disease and prevention services.

To administer these services, the Region is divided into five service areas and holds contracts with five Community Service Boards (CSBs). Figure 1, below, identifies these service areas, CSBs, and the CSBs' counties of operation.

FIGURE 1: SERVICE AREAS, COMMUNITY SERVICE BOARDS, COUNTIES OF OPERATION

Service Area	CSB	Counties of Operation
Americus	Middle Flint	Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster
Columbus	New Horizons	Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
Griffin	McIntosh Trail	Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson
LaGrange	Pathways	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Warner Robins	Phoenix	Crawford, Houston, Peach

The Department of Behavioral Health and Developmental Disabilities' (DBHDD) vision and mission statements are as follows:

Vision Statement

> *Easy access to high-quality care that leads to a life of recovery and independence for the people we serve.*

Mission Statement

> *Leading an accountable and effective continuum of care to support people with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment.*

The Region 6 Planning Board works with the region's staff and stakeholders to fulfill this vision and mission. Membership on the board is open to all 31 counties, with members appointed by their respective County Commission. The number of representatives from each county, ranging from 1-5, is based on 1 member for each 50,000 population increment.

As of March 2015, 48 membership positions on the Planning Board were available and 30 were filled. A complete listing of the Planning Board membership is on Page 9 of this document.

Our Priorities/Strategies for FY17

As a result of the planning process, the Region 6 planning board and staff identified priorities/strategies for FY17 in four areas: adult mental health, adult addictive diseases, children and adolescents with serious emotional disturbance/addictive diseases, and individuals with developmental disabilities. The priorities/strategies for each of these areas are as follows:

Adult Mental Health

1. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.
2. Advocate for increased DBHDD funding of intensive supports in communities with high need for residential supports.
3. Strengthen supported employment by advocating for increased financial incentives for providers and by assessing and improving the geographic distribution of opportunities.
4. Assess need for additional crisis stabilization beds.
5. Facilitate Medicaid application approval by increasing the number of providers with SOAR training.

6. Advocate for the expansion of alternative (specialty) courts and the expansion of other jail/prison diversion programs.

7. Work with NAMI Georgia to increase affiliates and natural supports in Muscogee, Henry, and Carroll counties.

8. Increase services and supports for individuals with co-occurring diagnoses by advocating for DBHDD focus, developing provider capacity through training, and advocating for a revised DBHDD policy to support service needs and integrated service models.

Adult Addictive Diseases

1. Reinstitute Ready-for-Work program in Middle Flint.

2. Develop public/private partnerships to increase availability of natural supports in Muscogee, Henry, and Carroll counties.

3. Identify and institute strategies to increase treatment options in Muscogee, Henry, and Carroll counties.

Children and Adolescents with Serious Emotional Disorders/Addictive Diseases

1. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.

2. Increase awareness among elected officials and school staff of available community resources.

3. Develop public/private partnerships to increase availability of natural supports in Chattahoochee, Marion, and Fayette counties.

4. Advocate for the development of county-wide substance abuse task forces in communities lacking this resource.

Individuals with Development Disabilities

1. Advocate for increased federal funding for Medicaid Waivers.

2. Strengthen supported employment by advocating for increased financial incentives for providers, developing the capacity of providers, and incorporating employment education in high school transition programs.

3. Improve communication to individuals and caregivers about the waiver application process.
4. Work toward securing a provider for children's crisis services within the region.
5. Increase availability of respite care by finding a home to provide unscheduled respite for adults, encouraging individuals to become qualified respite caregivers, and increasing behavioral management training for respite care providers and caregivers.
6. Increase services and supports for individuals with co-occurring diagnoses by advocating for DBHDD focus, developing provider capacity through training, and advocating for a revised DBHDD policy to support service needs and integrated service models.
7. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.
8. Increase supports for individuals with autism and their families by encouraging Community Service Boards to provide additional services, providing web-based training for providers and caregivers on behavioral supports, and encouraging communities to develop natural supports.
9. Increase individual and family understanding of funding alternatives and support services through an online resource reference guide for Region 6.
10. Advocate for DBHDD web-based training for caregivers, providers, and communities.
11. Educate communities on resources and services available to aging caregivers.

FIGURE 2: REGION 6 PLANNING BOARD MEMBERS (March 2015)

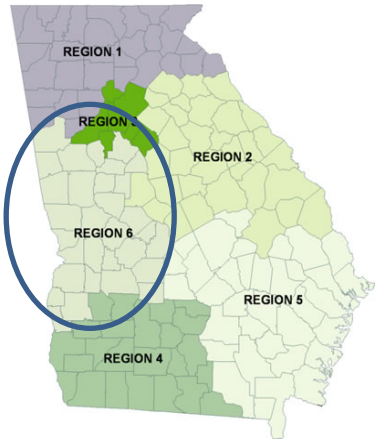
	County	Board Member
1	Butts	Mallory, Sheila
2	Carroll	Allen, Tommy
3	Carroll	Cason, Betty
4	Carroll	Chibbaro, Julia
5	Chattahoochee	To Be Appointed
6	Clay	Hubbard, Curtis Lee
7	Coweta	Belmonte, Neydi
8	Coweta	Smith, Sandra
9	Coweta	To Be Appointed
10	Crawford	To Be Appointed
11	Crisp	McGill, Cathy
12	Dooly	To Be Appointed
13	Fayette	Cheyne, Irene **(Chair)**
14	Fayette	Herbert, Sharon
15	Fayette	To Be Appointed
16	Harris	To Be Appointed
17	Heard	Brown, Keith
18	Henry	Craig, Angela
19	Henry	Kuhns, Amy
20	Henry	Risher, Jim **(Vice Chair)**
21	Henry	To Be Appointed
22	Henry	To Be Appointed
23	Houston	Harn, LaVonne
24	Houston	To Be Appointed
25	Houston	To Be Appointed
26	Lamar	McHan, Katherine
27	Macon	To Be Appointed
28	Marion	Page, Mary Jo
29	Meriwether	Rozell, Marlene
30	Muscogee	Barnes Simi
31	Muscogee	Barnwell, Edward
32	Muscogee	Garland, Beverly
33	Muscogee	To Be Appointed
34	Peach	To Be Appointed
35	Pike	King, Glynda **(Secy)**
36	Quitman	To Be Appointed
37	Randolph	To Be Appointed
38	Schley	Sawyer, Bill
39	Spalding	Jackson, Geraldine
40	Spalding	Roberts, Marilyn
41	Stewart	To Be Appointed
42	Sumter	Kitchens, David L.
43	Talbot	Walker, Sher'Londa
44	Taylor	McNary, Lesley
45	Troup,	Miller, Dave
46	Troup	Wyche, Janet
47	Upson	To Be Appointed
48	Webster	To Be Appointed

SECTION 2: DESCRIPTION OF REGION 6

The 31 counties in DBHDD's Region 6 are located in the middle portion of west-central Georgia.

With a population of 1,374,765, Region 6 makes up 14 percent of the Georgia's total population of 9,915,646.[1] Region 6 ranks third in population among the six DBHDD regions.

Two-thirds of the Region's population live in small towns and rural areas. The remaining one-third live in one of eight cities with populations greater than 22,000. Figure 3, below, identifies these cities and their respective population.



Region 6

Figure 3: Cities with Populations Over 22,000

City	Population
Columbus	198,413
Warner Robins	66,588
Peachtree City	34,622
Newnan	34,174
LaGrange	30,478
Carrollton	24,958
Griffin	23,389
McDonough	22,599

Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

Region 6 covers 9,822 square miles with an average population density of 140 residents per square mile compared to the state average of 168 residents per square mile.[2] The majority of Region 6 residents live in rural areas.

Poverty is one of the major demographic concerns of Region 6. According to the 2010 US Census Bureau, 25 of the 31 counties (81%) in Region 6 have an average poverty level that is greater than the national average. Four of these counties have poverty levels greater than 2x the national poverty level. Figure 4, on Page 11, shows the percentage of regional poverty by service area.

[1] Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

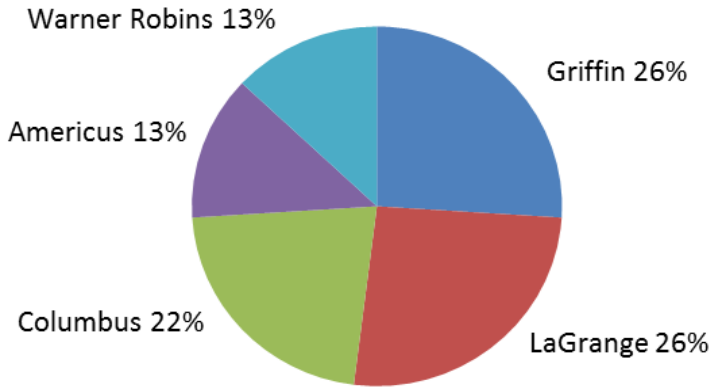
[2] Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

The Griffin and LaGrange service areas have the highest percentage of the regional poverty level. Together, these two service areas account for 52% of Region 6's poverty.

In the Columbus service area, two counties are the poorest in the entire region and four of the eight counties are among the poorest in the region.

The Region 6 DBHDD office, headquartered in Columbus, is responsible for a network of mental health, developmental disability, and addictive disease services.

Figure 4: Percentage of Regional Poverty by Service Area



To administer these services, the Region is divided into five service areas: Americus, Columbus, Griffin, LaGrange, and Warner Robins. Within each service area, Region 6 has a contract with a Community Service Board (CSB). Figure 5, below, identifies the CSB for each service area and highlights the diverse size, population, and density among the service areas.

FIGURE 5: REGION 6 SERVICE AREAS AND RELATED DEMOGAPHICS

Service Area	Community Service Board	Population	Sq Miles	Pop./sq. mile
Americus	Middle Flint	108,655	2678	41
Columbus	New Horizons	269,406	2,512	107
Griffin	McIntosh Trail	466,463	1,630	286
LaGrange	Pathways	343,883	2,149	160
Warner Robins	Phoenix	186,358	853	218
	Region 6 Total	1,374,765	9,822	140

Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

Region 6 also holds contracts with three private providers of specialty services for adults with behavioral health disorders. Figure 6, below, identifies these providers, their services, and their counties of operation.

FIGURE 6: PRIVATE PROVIDER AGENCIES AND RELATED SERVICES

Private Provider	HQ	Services	Counties of Operation
American Work	Columbus	ACT, Core, Supported Employment, Supported Housing	Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
Briggs & Associates	Atlanta	Supported Employment	Carroll, Coweta, Fayette, Harris, Heard, Henry, Meriwether, Muscogee, Troup
Volunteers of America	Valdosta	Residential SA (Millennium Center)	Randolph

Additionally, Region 6 holds contracts with four adult Crisis Stabilization Units (CSUs). These units are identified in Figure 7 below.

FIGURE 7: CRISIS STABILIZATION UNITS

Provider	Location	Contracted Beds
Bradley Center	Columbus	24
McIntosh Trail	Barnesville	16
Pathways	Lagrange	24
Phoenix	Warner Robins	14
	Total Number of CSU Beds	78

A total of 78 beds means that Region 6 has one CSU bed for every 37,538 residents.

Additionally, Region 6 holds contracts with four private hospitals for a total of 15 adult inpatient treatment beds. Figure 8, below, lists these hospitals.

FIGURE 8: PRIVATE HOSPITAL CONTRACTS

Provider	Location
Anchor Hospital	Atlanta
Bradley Center	Columbus
Crescent Pines	Stockbridge
Tanner Medical Center	Carrollton

Children and adolescents who have high acuity are served in the 12-bed children and adolescent CSU operated by Pathways in Greenville, Georgia.

SECTION 3: ASSESSMENT OF REGIONAL NEEDS

In order to achieve the DBHDD vision and mission, the Planning Board helps Region 6 identify priorities/strategies, for building a community-based spectrum of behavioral health and developmental disability services and support. The main focus of these services and support is housing, transportation, employment, and health care.

We want individuals to live their lives in our communities and as free as possible from the disabling effects of their conditions. We want to promote choices among a network of providers that are dedicated to each individual's quality of life.

To assist in identifying priorities/strategies, Region 6 prepares an annual plan. For the preparation of this FY17 Annual Plan, we gathered information about needs through a community assessment survey, public forums, and provider review meetings. We discussed and identified specific priorities/strategies for addressing these needs in a review session with Region 6 providers, a review session with our regional planning board, and joint staff and board member planning meetings. Our planning process is depicted in Figure 11 on Page 14.

Summary data from the community involvement portion of the planning process is included in Appendices A-F.

Appendix A: 2014 Community Needs Assessment Instrument

Appendix B: Summary of Ratings from 2014 Community Survey

Appendix C: Summary of Concerns from 2014 Community Forums

Appendix D: Summary of Priority Suggestions from BH Providers

Appendix E: Summary of Priority Suggestions from DD Providers

Appendix F: 2016 Priorities and 2017 Recommendations from Regional Planning Board

Prevalence data generated by DBHDD is also an important component of the planning process. The prevalence data used for the preparation of the 2017 plan is represented in Appendixes G-K.

Appendix G: Prevalence Data for Adults with SPMI

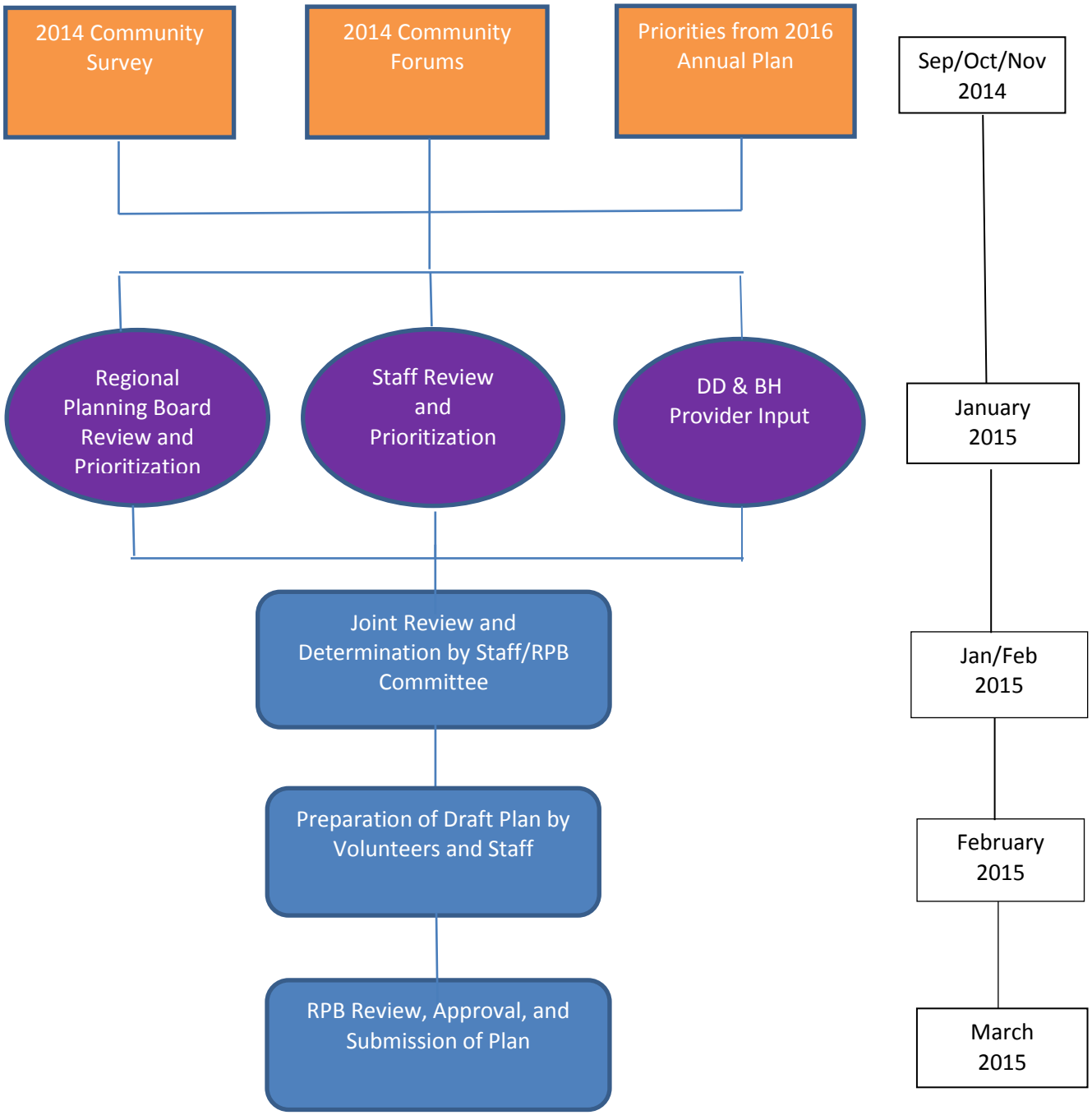
Appendix H: Prevalence Data for Adults with Substance Abuse

Appendix I: Prevalence Data for Children & Adolescents with SED

Appendix J: Prevalence Data for Adolescents with Substance Abuse

Appendix K: Prevalence Data for Persons with Developmental Disabilities.

FIGURE 9: 2017 ANNUAL PLANNING PROCESS



Among the many needs identified in the planning process, the following needs were identified as high priority.

Adult Behavioral Health

- Increase focus on addictive diseases support and services
- Increase availability of and placement in Ready-for-Work programs
- Increase availability of transportation services in rural communities
- Increase supported employment
- Increase number of crisis stabilization beds
- Improve support coordination
- Focus on improving incarceration services
- Increase availability of mental health assessment and treatment services to individuals with developmental disabilities and mental illness

Children and Adolescent Behavioral Health

- Expand early intervention programs for children and youth
- Develop programs to engage youth
- Increase collaboration on children and adolescent services
- Provide respite care
- Increase availability of transportation services in rural areas

Developmental Disabilities

- Provide more Medicaid waivers
- Decrease/remove the waiting list for waivers
- Increase transportation options in rural areas
- Increase state funding for family assistance
- Improve transition coordination with schools
- Improve communication regarding waiver process and planning lists
- Increase number of crisis and emergency respite beds
- Provide more options once students graduate
- Increase/improve focus on autism services
- Offer dual-diagnoses services

DD list continued on Page 16

- Streamline exceptional rate process
- Increase number of quality service providers
- Increase availability of respite care
- Improve communication about available services
- Increase residential choices support of alternatives

SECTION 4: 2017 PRIORITIES/STRATEGIES

In an effort to create a more operable plan for 2017, the Joint Review and Determination by Staff/RPB Committee developed a list of priorities that included specific strategies. These priorities/strategies are grouped as follows:

I. Adult mental health

II. Adult addictive diseases

III. Children and adolescents with serious emotional disorders/addictive diseases

IV. Individuals with developmental disabilities

I. Adult Mental Health

Based on prevalence data prepared by DBHDD's Office of Decision Support and Information Management (3/6/15), Region 6 has an estimated population of 52,710 adults (age 18+) with serious and persistent mental illness.[3] Of these adults, approximately 17,763 are in need of services from the public sector.[4]

To strengthen services to adults with serious and persistent mental illness, Region 6 has identified the following eight DBHDD priorities/strategies for FY17:

1. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.

   Rationale: The need for improving region-wide transportation was identified the 2014 survey, forums, BH provider review, and the planning board review. This need has been identified for several years; however, improvements have not been made. Few counties in Region 6 provide public transportation even though consumers often have to travel considerable distances to access mental health services.

   Currently Region 6 is working with the Georgia Department of Human Services-Office of Facilities and Support Services to identify transportation services available on a county-by-county basis.

2. Advocate for increased DBHDD funding of intensive supports in communities with high need for residential supports.

   Rationale: Despite opening eight additional ITR beds in 2014, there are still counties with a high need for residential supports. This need was identified in the 2014 survey, BH provider review, and the planning board review.

[3] Serious and persistent mental illness (SPMI) refers to severe or recurrent mental illness in adults.
[4] This number represents the portion of adults with SMI whose income is at or below 200 percent of the federal poverty guideline.

3. Strengthen supported employment by advocating for increased financial incentives for providers and by assessing and improving the geographic distribution of opportunities.

   Rationale: In 2014, Region 6 worked with providers to increase fidelity; however, adequate incentives for providers are lacking and opportunities are inequitably geographically distributed. For example, the Warner Robins service area, which includes Crawford, Houston, and Peach counties, does not have any supported employment services.

   The need for supported employment opportunities was identified in the 2014 survey, forums, BH provider review, and the planning board review.

4. Assess need for additional crisis stabilization beds.

   Rationale: Although the need for additional crisis stabilization beds continues to be an identified need, improvements have been and are being made. Region 6 staff recommended that the need be reassessed in 2017.

5. Facilitate Medicaid application approval by increasing the number of providers with SOAR training.

   Rationale: SOAR training has been shown to be effective in facilitating Medicaid application approval for individuals needing services. Region 6 staff recommended expanding SOAR training.

6. Advocate for the expansion of alternative (specialty) courts and the expansion of other jail/prison diversion programs.

   Rationale: The expansion and improvement of incarceration alternatives was identified as a need in the 2014 forums and the planning board review. Given this need, Region 6 plans to identify counties with the most potential for developing alternative courts and jail/prison diversion programs and be ready to advocate for the expansion of these programs by 2017.

7. Work with NAMI Georgia to increase affiliates and natural supports in Muscogee, Henry, and Carroll counties.

   Rationale: In the DBHDD prevalence data (see Appendix H), Muscogee, Henry, and Carroll counties are identified as having the greatest number of adults with SPMI still needing public sector services (Muscogee 3,050; Henry 2,202; and Carroll 1,901). The need for more family support was identified in the 2014 survey. The need for more peer support was identified in the 2014 forums and the BH provider review.

8. Increase services and supports for individuals with co-occurring diagnoses by advocating for DBHDD focus, developing provider capacity through training, and advocating for a revised DBHDD policy to support service needs and integrated service models.

   Rationale: The need for co-occurring diagnoses services was identified in the 2014 forums, the BH provider review, and the planning board review. Recovery is enhanced with a cohesive focus on all illnesses simultaneously.

II. Adult Addictive Diseases

Based on prevalence data prepared by DBHDD's Office of Decision Support and Information Management (3/6/15), Region 6 has an estimated population of 81,946 adults with addictive diseases. In FY13, 3,989 individuals received DBHDD services. This service ratio of 12.9 percent is slightly lower than the state average of 13 percent.[5]

To strengthen services to adults with addictive diseases (AD)[6], Region 6 has identified the following three priorities for FY17:

1. Reinstitute Ready-for-Work program in Middle Flint.

   Rationale: Ready-for-Work programs provide comprehensive addictive disease treatment for females who meet the Temporary Assistance to Needy Families (TANF)[7] requirements. The program promotes employment, parenting skills, and other life skills and includes intensive outpatient treatment, independent living supports, and residential and transitional housing services.

   Reinstituting the Ready-for-Work program in Middle Flint was identified as a need by Region 6 staff and supported by the planning board review.

2. Develop public/private partnerships to increase availability of natural supports in Muscogee, Henry, and Carroll counties.

   Rationale: Appendix H is a Region 6 county-by-county comparison of estimated need to consumers served for adults with substance abuse in FY13. This data shows that Muscogee, Henry, and Carroll counties have the highest number of individuals who are still in need of service (Muscogee 4,801, Henry 3,466, and Carroll 2,992).

   Increasing the focus on addictive disease services was identified as a need in the 2014 forums, the BH provider review, and the planning board review.

---

[5] Appendix H is a Region 6 county-by-county comparison of estimated need to consumers served for adults with substance abuse in FY13.

[6] Addictive Diseases: *def.* the abuse of, addiction to, or dependence upon alcohol or other drugs; includes substance abuse.

[7] The Temporary Assistance to Needy Families (TANF) is the time-limited public support program which replaced Aid to Families With Dependent Children in 1997.

3. Identify and institute strategies to increase treatment options in Muscogee, Henry, and Carroll counties.

   Rationale: Appendix H is a Region 6 county-by-county comparison of estimated need to consumers served for adults with substance abuse in FY13. This data shows that Muscogee, Henry, and Carroll counties have the highest number of individuals who are still in need of service (Muscogee 4,801, Henry 3,466, and Carroll 2,992).

   Increasing the focus on addictive disease services was identified as a need in the 2014 forums, the BH provider review, and the planning board review.

III. Children and Adolescents with Serious Emotional Disorders/Addictive Diseases (SED/AD)

According to the 2013 prevalence data presented in Appendix I, Region 6 had an estimated population of 6,283 children and adolescents (age 9-17) with severe emotional disturbance who needed services from the public sector. In that same year, 2,352 of these individuals received DBHDD services. This service ratio of 37.4 percent is lower than the state average of 44.5 percent.[8]

According to the 2013 prevalence data presented in Appendix J, Region 6 had an estimated population of 4,263 adolescents (ages 9-17) with substance abuse who needed services from the public sector. In FY13, 68 of these individuals received DBHDD services. This service ratio of 1.6 percent is lower than the state average of 2.3 percent.[9]To strengthen services to children and adolescents with severe emotional disturbance/ addictive diseases, Region 6 has identified four priorities/strategies for FY17:

1. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.

   Rationale: The need for improving region-wide transportation was identified the 2014 survey, forums, BH provider review, and the planning board review. This need has been identified for several years; however, improvements have not been made. Few counties in Region 6 provide public transportation even though consumers often have to travel considerable distances to access mental health services.

   Currently Region 6 is working with the Georgia Department of Human Services-Office of Facilities and Support Services to identify transportation services available on a county-by-county basis.

[8] Appendix I is a Region 6 county-by-county comparison of estimated need to consumers served for children and adolescents with serious emotional disorders in FY13.

[9] Appendix J is a Region 6 county-by-county comparison of estimated need to consumers served for adolescents with substance abuse in FY13.

2. Increase awareness among elected officials and school staff of available community resources.

   Rationale: In the 2014 survey, early intervention programs for children and youth were rated as "poor." Additionally, the needs for increased focus on addictive diseases, peer support, community collaboration, and increased youth prevention programs were identified in the 2014 forums. In the 2014 BH provider review, a need for resource coordination was identified. Finally, the 2014 planning board review identified increasing collaboration on children and adolescent services as a need.

   The goal of this priority/strategy is to inventory available resources and make this information readily available in local communities.

3. Develop public/private partnerships to increase availability of natural supports in Muscogee, Henry, and Houston counties.

   Rationale: Appendix I is a Region 6 county-by-county comparison of estimated need to consumers served for children and adolescents with severe emotional disturbance. This data shows that Muscogee, Henry, and Houston counties have the highest number of children and adolescents who are still in need of service (Muscogee 978, Henry 847, and Houston 619).

4. Advocate for the development of county-wide substance abuse task forces in communities lacking this resource.

   Rationale: Concern about substance abuse was raised throughout the 2017 planning process. Additionally, a need to increase focus on addictive diseases support and services was clearly identified in the 2014 planning board review. County-wide task forces help communities understand and address substance abuse issues. The goal of this priority/strategy is to identify model task force programs and encourage counties lacking these programs to adopt model programs.

IV. Individuals with Developmental Disabilities

Region 6 has an estimated population of 24,745 individuals who have developmental disabilities.[10] In FY13, 3,081 of these individuals received DBHDD services. This service ratio of 12.5 percent is lower than the state average of 12.7 percent.

[10] Appendix K is a Region 6 county-by-county comparison of estimated need to consumers served for persons with mental retardation and other developmental disabilities in FY13.

To strengthen services to individuals with developmental disabilities and their families, Region 6 has identified 11 priorities for FY17:

1. Advocate for increased federal funding for Medicaid Waivers.

   Rationale: As of March 2015, there were 7,600 developmental disabled individuals statewide qualified for waiver funding but were unable to receive it due to insufficient funding of the Medicaid waiver program. Without waiver funding, many individuals with developmental diseases lack essential services.

   In the 2014 survey, access to Medicaid waiver funding was rated the poorest of services for people with developmental disabilities. The need for more funding was identified in the 2014 forums, the DD provider review, and the planning board review.

2. Strengthen supported employment by advocating for increased financial incentives for providers, developing the capacity of providers, and incorporating employment education in high school transition programs.

   Rationale: According to The Arc, the majority of adults with intellectual and developmental disabilities are either unemployed or underemployed, despite their ability, desire, and willingness to work in the community.[11] Supported employment efforts in Region 6 are significantly hindered by a lack of financial incentives for providers. Once financial incentives are improved, provider capacity can be increased and employment education incorporated into transition programs.

   The need for supported employment was identified in the 2014 survey, forums, DD provider review, and the planning board review.

3. Improve communication to individuals and caregivers about the waiver application process.

   Rationale: A frequent complaint among caregivers is that the waiver application process is unclear. In addition, caregivers often do not understand State Funded Services (SFS) or Family Support. The goal of this priority/strategy is to review and improve written, online, and face-to-face communication tools.

   The need for improved communication about the waiver process was identified in the 2014 forums, DD provider review, and the planning board review.

[11] The Arc is the largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families.

4. Work toward securing a provider for children's crisis services within the region.

   Rationale: This priority/strategy was identified by Region 6 staff. Currently there are no providers in Region 6 for crisis services for children with developmental disabilities. The need for more crisis beds was identified in the 2014 DD provider review and the planning board review. Prior to 2017, Region 6 will conduct a needs assessment to define the scope of this need.

5. Increase availability of respite care by finding a home to provide unscheduled respite for adults, encouraging individuals to become qualified respite caregivers, and increasing behavioral management training for respite care providers and caregivers.

   Rationale: A frequent complaint among caregivers is the lack of available respite care. The need for respite services was identified in the 2014 survey, forums, DD provider review, and the planning board review. Currently Region 6 does not have a home to provide unscheduled/emergency respite for adults and there is a shortage of qualified respite caregivers and providers. Additionally many caregivers and providers need training to increase their capacity to provide respite care for individuals with behavioral management issues.

6. Increase services and supports for individuals with co-occurring diagnoses by advocating for DBHDD focus, developing provider capacity through training, and advocating for a revised DBHDD policy to support service needs and integrated service models.

   Rationale: The need to increase services and supports for individuals with co-occurring diagnoses was identified in the 2014 forums, BH provider review, and the planning board review. Recovery is enhanced with a cohesive focus on all disabilities simultaneously.

7. Form a region-wide transportation consortium to identify and implement strategies for improving rural transportation.

   Rationale: The need for improving region-wide transportation was identified the 2014 survey, forums, DD provider review, and the planning board review. This need has been identified for several years; however, improvements have not been made. Few counties in Region 6 provide public transportation even though consumers often have to travel considerable distances to access services.

   Currently Region 6 is working with the Georgia Department of Human Services-Office of Facilities and Support Services to identify transportation services available on a county-by-county basis.

8. Increase supports for individuals with autism and their families by encouraging Community Service Boards to provide additional services, providing web-based training for providers and caregivers on behavioral supports, and encouraging communities to develop natural supports.

   Rationale: About 1 in 68 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. Many families, however, report significant barriers to getting services through their CSBs. Additionally, limited training in behavioral management is available to caregivers and providers. Communities with natural supports such as information and resource centers, support groups, and supportive community environments have proven to be especially helpful to individuals and families with autism challenges.

   The need to increase supports for individuals with autism was identified in the 2014 forums, the BH provider review, and the planning board review.

9. Increase individual and family understanding of funding alternatives and support services through an online resource reference guide for Region 6.

   Rationale: There are several potential funding sources for individuals with developmental disabilities. These include NOW and COMP Medicaid waivers, Family Support Services, and State Funded Services. In addition support services may be available through a variety of non-profit organizations. The goal of this priority/strategy is to empower DBHDD consumers and those who qualify for services but are on waiver planning lists by linking them with alternative services.

   The need to improve understanding of funding alternatives and support services was identified in the 2014 forums, DD provider review, and the planning board review.

10. Advocate for DBHDD web-based training for caregivers, providers, and communities.

    Rationale: Web-based training available through DBHDD is limited. The need for training was identified in the 2014 forums, BH provider review, DD provider review, and the planning board review. Caregivers and providers frequently ask for training in behavioral management, self-direction, person-oriented services, and waiver applications. Web-based training is a low-cost, highly accessible service that would be beneficial to caregivers, providers, and communities.

11. Educate communities on resources and services available to aging caregivers.

    Rationale: According to a report by The Arc, 25 percent of caregivers of individuals with intellectual/developmental disabilities are age 60 or older and approximately 50 percent of individuals with intellectual/developmental disabilities and their caregivers are unknown to either the aging or the DD service system.[12] The need to focus on aging caregivers was identified in the 2014 community forums. The goal of this priority/strategy is to increase the awareness of caregivers and communities regarding public and non-profit services available to aging caregivers.

[12] The Arc. "Aiding Older Caregivers of Persons with Intellectual/Developmental Disabilities: A Toolkit for State and Local Aging Agencies."

APPENDIX A: 2014 COMMUNITY NEEDS ASSESSMENT INSTRUMENT

Georgia Department of Behavioral Health & Developmental Disabilities
DBHDD Region 6 Planning Board • 3000 Schatulga Road • Columbus, GA 31907-2435 • 706-565-7835
Department Website: dbhdd.georgia.gov Crisis and Access Line (GCAL): 1-800-715-4225

2014 COMMUNITY NEEDS ASSESSMENT

Thank you for participating in this survey. Your answers will help the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) identify needs of individuals with disabilities living in our communities.

The questionnaire has four parts: Part 1 focuses on general questions, Part 2 focuses on intellectual/developmental disabilities, Part 3 focuses on mental illness, and Part 4 focuses on addictive diseases.

Part 1—General Questions

1. How would you describe yourself? Please check all that apply.

- ☐ I am an individual with a disability
- ☐ I am a friend or family member of a person with a disability
- ☐ I am a volunteer or advocate for people with disabilities
- ☐ I am a provider of DBHDD services
- ☐ Through my occupation, I come in contact with people with disabilities
- ☐ I am an elected official
- ☐ I am a concerned citizen

2. Are you familiar with Georgia's statewide Crisis and Access (GCAL) phone line? ☐ Yes ☐ No ☐ Not sure

3. Have you ever visited the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) website? ☐ Yes ☐ No ☐ Not sure

4. Have you ever had contact with the DBHDD Region 6 office in Columbus? ☐ Yes ☐ No ☐ Not sure

5. If you answered **yes** to questions 2, 3, or 4 above, how would you rate the quality of this contact or visit?

Quality of Contact with DBHDD	Don't know	Very Poor	Poor	Adequate	Good	Very Good
Georgia's statewide Crisis and Access Line (GCAL) phone line						
Georgia's DBHDD website						
DBHDD Region 6 office in Columbus						

Part 2—Intellectual/Developmental Disabilities

1. How would you rate each of the following for individuals with intellectual/developmental disabilities in your community?

Individuals with Intellectual/Developmental Disabilities	Don't know	Very Poor	Poor	Adequate	Good	Very Good
Housing/residential choices and supports						
Supported employment opportunities						
Social activities and recreation						
Day programs						
Educational opportunities						
Job training opportunities						
Respite care services						
Access to physical healthcare (doctors, dentists)						
Access to mental healthcare (counselors, doctors)						
Family support services						
Transportation alternatives						
Crisis/emergency response services						
High school transition programs						
Access to Medicaid waiver funding						
Other:						

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? _____

3. Please use the space below to share additional comments related to needs of individuals with intellectual/developmental disabilities.

_____

Part 3—Mental Illness

1. How would you rate each of the following for individuals with mental illness in your community?

Individuals with Mental Illness	Don't know	Very Poor	Poor	Adequate	Good	Very Good
Housing/residential choices and supports						
Supported employment opportunities						
Peer support services						
Day programs						
Educational opportunities						
Job training opportunities						
Access to physical healthcare (doctors, dentists)						
Access to mental healthcare (counselors, doctors)						
Access to recovery support services						
Family support services						
Transportation alternatives						
Crisis/emergency response services						
Early intervention programs for children and youth						
Other:						

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? _____

3. Please use the space below to share additional comments related to needs of individuals with mental illness.

_____

_____

Part 4—Addictive Diseases

1. How would you rate each of the following for individuals with addictive diseases in your community?

Individuals with Addictive Diseases	Don't Know	Very Poor	Poor	Adequate	Good	Very Good
Housing/residential choices and supports						
Day programs						
Crisis/emergency response services						
Peer support services						
Family support services						
Access to physical healthcare (doctors, dentists)						
Access to mental healthcare (counselors, doctors)						
Access to recovery support services						
Transportation alternatives						
Prevention/education programs focused on adults						
Prevention/education programs focused on youth						
Other:						
Other:						

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? _____

3. Please use the space below to share additional comments related to needs of individuals with addictive diseases.

_____

APPENDIX B: SUMMARY OF RATINGS FROM 2014 COMMUNITY SURVEY (PAGES 30-32)

The tables on Pages 30-32 reflect the average rating for each question for 210 survey respondents. Each table is organized from lowest to highest average rating.

Question 2.1

How would you rate each of the following for individuals with intellectual/developmental disabilities in your community? Answers: don't know, very poor, poor, adequate, good, very good

Individuals with Intellectual/Developmental Disabilities	Average Rating	Scale Descriptor
Access to Medicaid waiver funding	2.12	Poor
Supported employment opportunities	2.33	Poor
Transportation alternatives	2.34	Poor
Respite care services	2.35	Poor
High school transition programs	2.43	Poor
Job training opportunities	2.45	Poor
Family support services	2.52	Adequate
Housing/residential choices and supports	2.60	Adequate
Crisis/emergency response services	2.63	Adequate
Educational opportunities	2.66	Adequate
Social activities and recreation	2.79	Adequate
Day programs	2.88	Adequate
Access to mental healthcare (counselors, doctors)	2.91	Adequate
Access to physical healthcare (doctors, dentists)	3.05	Adequate

Question 3.1

How would you rate each of the following for individuals with mental illness in your community? Answers: don't know, very poor, poor, adequate, good, very good

Individuals with Mental Illness	Average Rating	Scale Descriptor
Supported employment opportunities	2.15	Poor
Educational opportunities	2.21	Poor
Job training opportunities	2.21	Poor
Housing/residential choices and supports	2.34	Poor
Transportation alternatives	2.38	Poor
Family support services	2.38	Poor
Early intervention programs for children and youth	2.47	Poor
Peer support services	2.55	Adequate
Day programs	2.57	Adequate
Access to recovery support services	2.61	Adequate
Crisis/emergency response services	2.78	Adequate
Access to mental healthcare (counselors, doctors)	2.87	Adequate
Access to physical healthcare (doctors, dentists)	2.88	Adequate

Question 4.1

How would you rate each of the following for individuals with addictive diseases in your community? Answers: don't know, very poor, poor, adequate, good, very good

Individuals with Addictive Diseases	Average Rating	Scale Descriptor
Transportation alternatives	2.40	Poor
Housing/residential choices and supports	2.40	Poor
Family support services	2.44	Poor
Day programs	2.48	Poor
Prevention/education programs focused on youth	2.56	Adequate
Prevention/education programs focused on adults	2.64	Adequate
Access to recovery support services	2.64	Adequate
Peer support services	2.66	Adequate
Crisis/emergency response services	2.72	Adequate
Access to mental healthcare (counselors, doctors)	2.91	Adequate
Access to physical healthcare (doctors, dentists)	2.93	Adequate

Question 1.5

How would you rate the quality of your contact or visit? Answers: don't know, very poor, poor, adequate, good, very good

Quality of Contact with DBHDD	Average Rating	Scale Descriptor
Georgia's statewide Crisis and Access Line	2.90	Adequate
DBHDD Region 6 office in Columbus	3.16	Adequate
Georgia's DBHDD website	3.57	Good

APPENDIX C: SUMMARY OF CONCERNS FROM 2014 COMMUNITY FORUMS (PAGES 33-34)

Below is a summary of concerns raised at the five 2014 Region 6 Community Forums. The numbers in the right columns indicate the forum: 1=Cordele, 2=Warner Robins, 3=Columbus, 4=Carrollton, and 5=McDonough.

Concern	Recommended Action	1	2	3	4	5
Autism	Increase focus on autism services			X		
Addictive diseases	Increase focus on addictive diseases	X	X			
Medicaid Waivers	Improve communication re waiver process/planning lists Increase available waivers Involve families in legislative advocacy Improve family understanding of funded services Instruct families how to correct inaccuracies in files Clarify "active" and "inactive" statuses Provide more information about alternative funding Improve decision making transparency and allow local input in most-in-need decisions		X X	X X X X X	X X X	X X
DBHDD responsiveness	Improve responsiveness of DBHDD region Improve communication about available services Improve communication about parents/individual rights		X	X X	X	
Peer support	More support and expansion of peer support services such as BH Clubhouses	X				
Support coordination	Improve support coordination Evaluate family/coordinator ratio Make sure regular visits are being made Encourage more support coordination agencies to come to Region 6		X X X X		X	
Residential choices	Increase residential choices Increase Region 6 support of alternatives Support and replicate NAMI housing program	X	 X	X	X	X
Distribution of svs	Evaluate distribution of services among counties	X				
Transportation	Increase transportation options Get providers to provide transportation Provide transportation for children and adolescents Improve existing services Consider transportation a quality of life issue Address transportation as a major barrier to employment	X	X X			X X X X X
Providers	Increase provider training on the caregiver level Decrease barriers faced by potential providers Educate providers on taking care of DD on daily basis	X X				 X
Employment	Provide more information on supported employment Make sure those working with DD know about supported employment					X X

Transition programs	Improve transition coordination with schools Involve DBHDD and service providers in IEPs Identify schools districts not providing transition programs Make sure information is getting to students and parents Provide more options once students graduate Provide more information on available resources for students who have graduated	X		X	X X X X	X X X X
Host homes	Increase monitoring of host homes				X	
Dual diagnoses	Offer more dual diagnoses services				X	
Law enforcement	Increase emergency response training		X			
Incarceration	Increase alternatives Improve transition and connection to community services Spend more money on prevention, less on prisons Keep families connected to incarcerated individuals	X X		X X	X X	 X
Aging caretakers	Develop strategies for addressing	X		X		X
Respite care	Provide more respite care Evaluate access to respite in other regions Educate parents on how to request respite services		X X X	X X		
Collaboration	Improve coordination of services within community Educate communities on whole picture Improve collaboration between DBHDD and parents Encourage community support of mental health court and law enforcement training in crisis intervention Provide better information about services in community Provide links to resources on city, county, and school district websites		X X X	X X		X X
Job opportunities	Increase employment for all. People need work.	X	X			
Recreation	Increase recreational opportunities	X				
Prevention	Develop programs that actively engage youth	X				
Recovery	Place people with MI in communities only with supports Work with NAMI to replicate recovery program Need more facilities that provide long-term care for people with mental illness		X X	X		 X
DOJ agreement	Make sure DOJ transfers have necessary services Make sure that CSBs are adequately compensated		X		 X	
Open records	Educate families on how to access records				X	
Early diagnosis	Provide more of this				X	

APPENDIX D: SUMMARY OF PRIORITY SUGGESTIONS FROM BH PROVIDERS (PAGES 35-36)

At the DBHDD Behavioral Health Provider Meeting on Wednesday, January 21, 2015, providers were given three summary documents—2015 Community Survey, 2015 Community Forums, and Priorities from 2016 Annual Plan. They were asked to review the documents and suggest priorities by responding immediately on a 3X5 card or later via email to the RPB Chair.

The following is a summary of the comments submitted by the Behavioral Health Providers.

MH Focus	• Increase the number of priorities for mental health patients • Early diagnosis
Resource Communication	• Provide a state resource manual/directory for … resources • Provide links to resources on city, county, and school district websites (Columbus)
Addictive Diseases	• Increase focus on addiction services • Adult substance abuse residential
Peer Support	• Peer support to increase in the region. Free standing programs. • Need peer support groups for individuals with developmental disabilities. As a SE agency, we work with a number of people who have mental/behavioral health issues along with primary diagnosis. This topic wasn't asked about in the forums, though I work with a number of people seeking this type of support or interested in being a CPS.
Autism	Increase/improve focus on autism services (2)
Dual Diagnosis	Offer more dual diagnosis services (2)
Training	Increase provider training
Employment	• Increase employment for all. People need work. (2) • Increase Ready-to-Work programs • Improve educational and supportive employment programs for adult mental illness • Employment for parents • Job readiness/prevocational skills for the incarcerated prior to their release from jail/prison • Supported employment is a necessary and wanted service. However, the pay given to SE agencies is the lowest paid services. Companies for the most part do not want to do this work—it's challenging and not enough funding to hire quality career specialists. If you're going to talk the talk, then you must walk the walk and put your money where your mouth is!
Compensation	• Fair compensation for psychiatrists and MDs • More funding for non-billable, essential services, e.g., meeting with probation/parole, participation in drug courts, etc.
Recreation	• Increase recreation opportunities (2) • After-hour activities/facilities for youth

Transportation	• Transportation for families • Reliable transportation in rural areas • Transportation
Monitoring	Make sure regular visits are being made
Long-term Care	• Need more facilities that provide long-term care for people with mental illness (Columbus) • More facilities needed to provide long-term care for people with mental illness to prevent prison/jails being filled with CSRS. • Increase availability of inpatient or long-term rehabilitation programs for adult mental health and addiction services. • Approved group homes (adult) and supplement by DBHDD
Children and Adolescents	• Transitional placement for the incarcerated and teenagers aging out of LIPT • More C&A services (approved by CMO) • For rural, child/adolescent health: increase “cross training” and collaboration between various systems—to ensure wherever a child may enter/come to attention is able to be served and/or linked to good services • Improve transition coordination with schools

APPENDIX E: SUMMARY OF PRIORITY SUGGESTIONS FROM DD PROVIDERS (PAGES 37-38)

At the DBHDD Developmental Disability Provider Meeting on Wednesday, January 21, 2015, providers were given three summary documents—2015 Community Survey, 2015 Community Forums, and Priorities from 2016 Annual Plan. They were asked to review the documents and suggest priorities immediately or later.

The following is a summary of the comments submitted by the Developmental Disability Providers.

Waivers	• Increase number of community waivers versus sole focus on DOJ • Increase number of individuals receiving NOW and COMP waivers (4) • Decrease/remove the waiting list for NOW/COMP waivers (2) • Improve communication for the NOW/COMP waivers • I have had client pass away on the waiting list. [He or She] had all their documents in but still waiting after years to receive services. • There should be annual provider fairs that will provide families the opportunity to meet providers and learn more about NOW/COMP waiver process and also have the opportunity to learn about waiver services. • Help families with [Cl Sup] process for their individuals to receive services on time
Exceptional Rates	• Streamline Exceptional Rate process (2) • Fix Exceptional Rate process!
Crisis	• Increase number of crisis beds • Improved responsiveness of Georgia Crisis Team would be appreciated
Funding	• Increase Family Support funds • Increase funding for those needing services and decrease funding for those not using services
Paperwork	• Decrease the redundancy in documentation • Less emphasis on documentation technicalities so staff can provide more care to individuals. If the info is there… • More emphasis needs to be placed on individual care rather than paperwork
Provider Communication and Training	• Be absolutely clear in policy and procedure as to what is expected of provider • Revise the DBHDD Policy and Procedure Manual so it reads specifically what is required of the provider. Require staff to know the policy so team members will not judge situations or services provided based on opinions. • Adequate provider trainings are needed • Training: Schedule training/more communication so that support coordination/providers hear the same thing and are o the same page. As well as regional nurse on same page. Everyone needs to be on same page—can't stress enough. No personal opinions. Common sense has gone out the door.
Behavior Management	Behavior help needs to be funded somewhere other than from taking it out of current services. Families and providers should not have to choose between behavioral support and other supports.
Transportation	• Transportation needs to be funded. • Transportation: get providers to provide transportation
Compensation	• CRA rates don't cover the true costs of doing living supports well. • Increase provider compensation • Make employers pay staff above minimum wage to retain staff and decrease turnover which decreases loss for participants.

Individualized Services	• Individual services are not really allowed to be developed. • Region still plugs people into what is already available • Increase ability to deal with behavior and med individuals
Support System	• Need to have people who need supports have supports built around them • Encourage community support for individuals • More access to supports for families with children with special needs
Employment	• Supported employment—until reimbursement rate is at least adequate, providers will be unable to actually provide it even if they know how • There should be more community outreach and partnerships with employers to help increase the job opportunities for the population we serve. • Job training opportunities • Make supported employment training available to providers as an awareness effort to help providers understand this option for individuals • More training in establishing how to provide evidence-based supportive employment to the DD population. • Assist with employment development for DD population
Community Communication	• Establish or improve community education/relations. We've had difficulties sometimes with individuals with DD being accepted into communities, e.g., when setting up group homes, neighbors are very resistant. • Provide classroom training on quarterly basis so all entities and families will be knowledgeable about what is expected • Communication/education for the public • Hold more provider fairs
Residential	• People should stay where they choose to live • Streamline inspection, approval, licensing process for residential homes
DBHDD Responsiveness	More responsiveness by Region 6 staff and DBHDD staff. Multiple emails on topic of concern have been virtually ignored for over 1.5 years.
Day Programs	• Increase day programs in Region 6 • Support providers to start day program services with nursing support or give/provide nursing services to individuals • Empower/assist existing day program providers to provide services to individuals receiving 1:1 support without a lot of hardship (paperwork).
Respite	• Provide more respite care • Provide respite services to special needs child for parents to work • Overnight respite is gravely underpaid and hence difficult to provide staff
Physical Healthcare	• Provide funding for RN and LPN services for individuals who do not receive ERs in order to ensure health tracking is done by a medical professional • Licensed personnel readily available for services such as nurses for CAG services
Transition	Improve transition from high school
Support Coordination	• Enhance communication between/with region and/or state and support coordination such that support coordinators will know and understand what is expected of them. Support coordinators create own rules when no guidance is available. • Improve continuity of support coordination

APPENDIX F: 2016 PRIORITIES AND 2017 RECOMMENDATIONS FROM REGIONAL PLANNING BOARD (PAGES 39-40)

The Region 6 Planning Board, at its January 14, 2015 meeting, used a small group process to review the 2016 priorities, and summary data from the 2014 survey, 2014 forums, and the 2014 provider meetings. After this review, the four groups identified recommendations for 2017 priorities.

2016 Annual Plan Priorities—Developmental Disabilities	2017 Annual Plan Recommendations—Developmental Disabilities
1. Increase the number of individuals receiving NOW and COMP waivers 2. Increase the number of supported employment programs and providers 3. Establish community education and supports for individuals with co-occurring diagnoses 4. Increase number of crisis and emergency respite beds 5. Increase availability of transportation services and supports in rural areas 6. Increase the number of quality service providers 7. Streamline the process for approving waivers services for individuals on planning lists 8. Increase supports for individuals with autism and their families	1. Increase waivers (Groups 1, 2, 3, 4) 2. Increase availability of transportation services in rural areas (Groups. 1, 2, 3) 3. Increase number of quality service providers (Groups 1,2) 4. Increase focus on autism services (Groups 1,2, 4) 5. Improve support coordination (Groups 1,4) 6. More information on transition coordination 7. Increase availability of quality supported employment and number of providers (Groups 2,3, 4) 8. Streamline the process for approving waiver services for individuals on planning lists 9. Increase state funding for family assistance 10. Increase number of crisis and emergency respite beds 11. Improve CSB transparency about services available for DD 12. Provide crisis intervention training for first responders to DD crises 13. Create a tool for families to understand parental rights regarding ISP modeled after IEP parental rights 14. Increase availability of mental health assessment and treatment services to individuals with DD and MI 15. Provide afterschool supports since child care assistance stops at age 13 16. Educate providers on DD direct care support 17. Improve consumer and family understanding of funded services and how to access those services. 18. Review recreational opportunities county-by-county

2016 Annual Plan Priorities—Addictive Diseases (Adults)	2017 Annual Plan Recommendations—Addictive Diseases (Adults)
1. Increase availability of and placement in Ready-for-Work programs	1. Increase focus on addictive diseases support and services (Groups 1,2, 3) 2. Increase availability of and placement in Ready-for-Work programs (Groups 1,2)

2016 Annual Plan Priorities—Adult Mental Health	2017 Annual Plan Recommendations—Adult Mental Health
1. Increase transportation services and supports in rural areas 2. Increase availability of intensive and semi-independent residential supports 3. Increase supported employment 4. Increase number of crisis stabilization beds	1. Increase availability of transportation services in rural areas (Groups 1,2,3) 2. Increase supported employment (Groups 1,3) 3. Increase number of crisis stabilization beds (Groups 1,2) 4. Increase residential supports 5. Improve support coordination 6. Focus on improving incarceration services 7. Increase availability of mental health assessment and treatment services to individuals with DD and MI

2016 Annual Plan Priorities—Children and Adolescents with Serious Emotional Disorders/Addictive Diseases	2017 Annual Plan Recommendations—Children and Adolescents with Serious Emotional Disorders/Addictive Diseases
1. Increase transportation services and supports in rural communities 2. Expand education of community stakeholders about availability and access to community services 3. Expand intensive community-based care models	1. Increase availability of transportation services in rural areas (1,3) 2. Develop programs to engage youth 3. Increase collaboration on children and adolescent services 4. Provide respite care

Adults with Serious & Persistent Mental Illness
Region 6 County-by-County Comparison of Need to Service

Adults With Serious and Persistent Mental illness (SPMI)
Comparison of Need (Prevalence) to Individuals Served in FY13

County	Adult Population (Ages 18 +)	Estimated Number of Adults with SPMI	Number of Adults with SPMI Served	Estimated Number of Adults with SPMI who Need Services from Public Sector	Percent of Estimated Eligible SPMI Need Reached
Butts	16,364	884	301	330	91.1%
Carroll	79,493	4,293	1528	1,901	80.4%
Chattahoochee	5,844	316	41	132	31.0%
Clay	2,296	124	46	88	52.5%
Coweta	92,016	4,969	1087	1,475	73.7%
Crawford	9,655	521	78	224	34.8%
Crisp	16,904	913	650	496	131.1%
Dooly	9,525	514	181	276	65.6%
Fayette	78,410	4,234	467	799	58.4%
Harris	24,032	1,298	227	322	70.6%
Heard	8,669	468	227	210	108.0%
Henry	143,783	7,764	1233	2,202	56.0%
Houston	101,648	5,489	1,032	1,754	58.9%
Lamar	13,245	715	352	321	109.7%
Macon	9,860	532	174	330	52.8%
Marion	6,415	346	95	202	46.9%
Meriwether	16,457	889	318	424	75.0%
Muscogee	131,092	7,079	3,673	3,050	120.4%
Peach	19,045	1,028	261	474	55.1%
Pike	12,840	693	175	220	79.5%
Quitman	1,908	103	36	57	62.8%
Randolph	5,488	296	115	161	71.5%
Schley	3,411	184	78	97	80.1%
Spalding	46,950	2,535	1377	1,154	119.3%
Stewart	4,388	237	56	129	43.4%
Sumter	22,464	1,213	934	669	139.6%
Talbot	5,333	288	79	169	46.7%
Taylor	6,293	340	125	216	57.9%
Troup	47,761	2,579	1230	1,171	105.0%
Upson	20,254	1,094	691	553	125.0%
Webster	2,226	120	44	55	80.1%
REGION TOTAL	**964,069**	**52,060**	**16,911**	**19,661**	**86.0%**
STATEWIDE TOTAL	**6,997,025**	**377,839**	**121,640**	**148,633**	**81.8%**

Table prepared by: DBHDD, Office of Decision Support & Information Management, 3/11/2014.

Adults with Substance Abuse
Region 6 County-by-County Comparison of Need to Service

Adults With Substance Abuse (SA)
Comparison of Need (Prevalence) to Individuals Served in FY13

County	Adult Population (Ages 18+)	Estimated Number of Adults with SA	Number of Adults with SA Served	Estimated Number of Adults with SA who Need Services from Public Sector	Percent of Estimated Eligible SA Need Reached
Butts	16,364	1,391	57	520	11.0%
Carroll	79,493	6,757	317	2,992	10.6%
Chattahoochee	5,844	497	5	208	2.4%
Clay	2,296	195	12	138	8.7%
Coweta	92,016	7,821	197	2,321	8.5%
Crawford	9,655	821	30	352	8.5%
Crisp	16,904	1,437	112	781	14.4%
Dooly	9,525	810	22	434	5.1%
Fayette	78,410	6,665	81	1,258	6.4%
Harris	24,032	2,043	46	506	9.1%
Heard	8,669	737	38	331	11.5%
Henry	143,783	12,222	155	3,466	4.5%
Houston	101,648	8,640	456	2,761	16.5%
Lamar	13,245	1,126	66	505	13.1%
Macon	9,860	838	34	519	6.6%
Marion	6,415	545	23	319	7.2%
Meriwether	16,457	1,399	65	667	9.7%
Muscogee	131,092	11,143	1,001	4,801	20.9%
Peach	19,045	1,619	124	746	16.6%
Pike	12,840	1,091	46	346	13.3%
Quitman	1,908	162	8	90	8.9%
Randolph	5,488	466	46	253	18.2%
Schley	3,411	290	20	153	13.0%
Spalding	46,950	3,991	332	1,817	18.3%
Stewart	4,388	373	14	203	6.9%
Sumter	22,464	1,909	214	1,053	20.3%
Talbot	5,333	453	19	266	7.1%
Taylor	6,293	535	21	340	6.2%
Troup	47,761	4,060	313	1,843	17.0%
Upson	20,254	1,722	110	870	12.6%
Webster	2,226	189	5	86	5.8%
REGION TOTAL	**964,069**	**81,946**	**3,989**	**30,948**	**12.9%**
STATEWIDE TOTAL	**6,997,025**	**594,747**	**30,333**	**234,001**	**13.0%**

Table prepared by: DBHDD, Office of Decision Support & Information Management, 3/11/2014.

Children & Adolescents with Severe Emotional Disturbance
Region 6 County-by-County Comparison of Need to Service

Children and Adolescents (C&A) With Severe Emotional Disturbance (SED)
Comparison of Need (Prevalence) to Individuals Served in FY13

County	C&A Population (Ages 9-17)	Estimated Number of C&A with SED	Number of C&A with SED Served	Estimated Number of C&A with SED who Need Services from Public Sector	Percent of Estimated Eligible SED Need Reached
Butts	2,645	212	55	106	52.0%
Carroll	14,645	1,172	206	539	38.2%
Chattahoochee	1,620	130	9	55	16.3%
Clay	339	27	10	25	39.6%
Coweta	17,462	1,397	164	489	33.5%
Crawford	1,470	118	12	70	17.1%
Crisp	3,003	240	75	170	44.2%
Dooly	1,498	120	17	74	22.9%
Fayette	15,793	1,263	83	268	31.0%
Harris	4,044	324	61	105	58.2%
Heard	1,519	122	14	66	21.3%
Henry	31,508	2,521	319	847	37.7%
Houston	18,857	1,509	166	619	26.8%
Lamar	2,317	185	29	82	35.4%
Macon	1,605	128	8	89	9.0%
Marion	1,065	85	11	67	16.3%
Meriwether	2,474	198	62	111	56.0%
Muscogee	24,412	1,953	409	978	41.8%
Peach	3,747	300	39	162	24.1%
Pike	2,568	205	26	73	35.6%
Quitman	258	21	4	14	28.2%
Randolph	841	67	28	54	51.4%
Schley	767	61	7	32	21.7%
Spalding	7,710	617	158	302	52.4%
Stewart	467	37	6	24	24.9%
Sumter	4,119	330	110	208	52.8%
Talbot	698	56	12	36	33.3%
Taylor	1,039	83	46	51	90.0%
Troup	9,031	722	156	397	39.3%
Upson	3,149	252	46	149	31.0%
Webster	374	30	4	21	19.5%
REGION TOTAL	**181,044**	**14,484**	**2,352**	**6,283**	**37.4%**
STATEWIDE TOTAL	**1,262,642**	**101,011**	**20,177**	**45,327**	**44.5%**

Table prepared by: DBHDD, Office of Decision Support & Information Management, 3/11/2014.

Adolescents with Substance Abuse
Region 6 County-by-County Comparison of Need to Service

Adolescents With Substance Abuse (SA)
Comparison of Need (Prevalence) to Individuals Served in FY13

County	Adolescent Population (Ages 12-17)	Estimated Number of Adolescents with SA	Number of Adolescent with SA Served	Estimated Number of Adolescents with SA who Need Services from Public Sector	Percent of Estimated Eligible SA Need Reached
Butts	1,765	150	0	76	0.0%
Carroll	9,961	847	4	405	1.0%
Chattahoochee	1,104	94	0	42	0.0%
Clay	217	18	0	17	0.0%
Coweta	11,487	976	4	320	1.3%
Crawford	979	83	0	47	0.0%
Crisp	2,022	172	1	109	0.9%
Dooly	975	83	0	48	0.0%
Fayette	10,889	926	2	182	1.1%
Harris	2,728	232	0	80	0.0%
Heard	1,020	87	0	50	0.0%
Henry	21,183	1,801	7	589	1.2%
Houston	12,478	1,061	3	385	0.8%
Lamar	1,653	141	0	54	0.0%
Macon	1,078	92	0	64	0.0%
Marion	711	60	0	47	0.0%
Meriwether	1,645	140	3	71	4.2%
Muscogee	16,440	1,397	25	675	3.7%
Peach	2,703	230	0	119	0.0%
Pike	1,703	145	3	46	6.5%
Quitman	172	15	0	10	0.0%
Randolph	562	48	0	37	0.0%
Schley	498	42	0	19	0.0%
Spalding	5,028	427	1	193	0.5%
Stewart	328	28	0	18	0.0%
Sumter	2,817	239	6	138	4.4%
Talbot	466	40	0	24	0.0%
Taylor	713	61	4	32	12.6%
Troup	6,037	513	4	252	1.6%
Upson	2,102	179	1	107	0.9%
Webster	245	21	0	8	0.0%
REGION TOTAL	**121,709**	**10,345**	**68**	**4,263**	**1.6%**
STATEWIDE TOTAL	**841,393**	**71,518**	**703**	**31,100**	**2.3%**

Table prepared by: DBHDD, Office of Decision Support & Information Management, 3/11/2014.

Persons with Developmental Disabilities
Region 6 County-by-County Comparison of Need to Service

Persons With Developmental Disabilities (DD)
Comparison of Need (Prevalence) to Individuals Served in FY13

County	Population (All Ages)	Estimated Number of Individuals With DD in the General Population	Number of Individuals \With DD Served	Percentage of DD Need Reached
Butts	23,524	423	75	17.7%
Carroll	111,580	2,008	162	8.1%
Chattahoochee	13,037	235	2	0.9%
Clay	3,116	56	21	37.5%
Coweta	130,929	2,357	199	8.4%
Crawford	12,600	227	29	12.8%
Crisp	23,606	425	63	14.8%
Dooly	14,318	258	54	20.9%
Fayette	107,524	1,935	195	10.1%
Harris	32,550	586	52	8.9%
Heard	11,633	209	15	7.2%
Henry	209,053	3,763	387	10.3%
Houston	146,136	2,630	441	16.8%
Lamar	18,057	325	40	12.3%
Macon	14,263	257	46	17.9%
Marion	8,711	157	19	12.1%
Meriwether	21,273	383	70	18.3%
Muscogee	198,413	3,571	417	11.7%
Peach	27,622	497	98	19.7%
Pike	17,810	321	24	7.5%
Quitman	2,404	43	14	32.6%
Randolph	7,327	132	53	40.2%
Schley	4,990	90	15	16.7%
Spalding	63,865	1,150	168	14.6%
Stewart	6,042	109	21	19.3%
Sumter	31,554	568	152	26.8%
Talbot	6,517	117	12	10.3%
Taylor	8,420	152	43	28.3%
Troup	68,468	1,232	114	9.3%
Upson	26,630	479	77	16.1%
Webster	2,793	50	3	6.0%
REGION TOTAL	**1,374,765**	**24,745**	**3,081**	**12.5%**
STATEWIDE TOTAL	**9,919,945**	**178,554**	**22,649**	**12.7%**

Table prepared by: DBHDD, Office of Decision Support & Information Management, 3/11/2014.