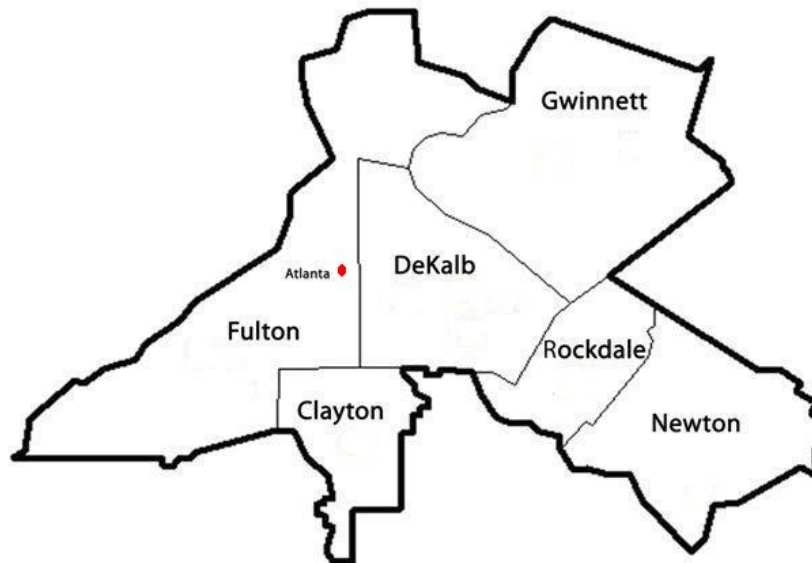




Georgia Department of Behavioral Health and Developmental Disabilities

Region Three Planning Board 2015 Annual Plan



Dr. Christopher Ervin, Board Chair
Elizabeth Beskin, Board Vice-Chair

2015 Annual Plan Contents

CONTENTS	Page
1. Executive Summary	3
2. Region Three Planning Board Membership	4
3. Description of Region	5 - 6
4. Assessment of Regional Needs	7 - 12
5. Regional Planning Board Priorities	13 - 15

1. Executive Summary

The Region Three Planning Board shares the state's obligation along with The Department of Behavioral Health and Developmental Disabilities (DBHDD) to plan a service delivery system that is recovery based and person-centered. The Region Three Planning Board facilitates coordinated and comprehensive planning for individuals that meet the standards established by DBHDD.

The Region Three Planning Board gathers information about the developmental disabilities and behavioral health individual needs and then provides a comprehensive assessment of service priorities for the region. These service priorities are designed with the goal of supporting individuals adequately so that either return or remain in their local community with access to needed services and supports.

Region Three is comprised of 6 counties: Clayton, Dekalb, Fulton, Gwinnett, Newton and Rockdale. Region Three covers six counties surrounding the Metropolitan Atlanta area in Georgia and includes the city of Atlanta. These six counties have a total population of 2,922,544 representing nearly 30% of the state's total population. Individual needs for the six counties were assessed based upon informal feedback received by persons and/or family participating in DBHDD services and information gathered by meetings. Community Forums and review of regional demographic data were the primary methods of obtaining information that serve as the basis for planning board priorities. The Region maintains close relationships with individuals, families, advocacy groups, service providers and other stakeholders. Region Three is home to three Community Service Boards (CSB's), 190 behavioral health and addictive disease providers and over 200 developmental disability providers that offer one or more medicaid services under the Now/Comp Waiver. Currently, Region Three is administering the Now/Comp waiver to 3,019 individuals.

In Region Three, nearly 30,000 adults with serious mental illness, over 9,000 youth with serious emotional disorders and 6,000 adults with addictive disease disorders are being served through community based mental health and addictive disease programs. In addition, as of March 2013, there are 2,241 people on the Region Three Planning List, (1,393 Long Term Planning List, 848 Short Term Planning List).

The Region Three Planning Board has identified gaps in services that need to be addressed. The priority needs for Region Three which are recommended in the 2015 Annual Plan are:

- Streamline process and make process more transparent for applying for and navigating NOW/COMP waiver
- Provide a resource guide for consumers of services
- Funding for transportation, particularly for areas without a functional transportation system
- Increase transitional housing and group homes
- Improve service coordination for consumers who are dually diagnosed with both behavioral health and developmental disabilities
- Increase in the number of day programs available for those eligible
- Increase supported employment opportunities with appropriate compensation for individuals with disabilities including adolescents graduating from high school

2. Region Three DBHDD Planning Board Members

(As of March 2013)

COUNTY	MEMBERS
Clayton	Deborah Lazarus Mary Joyce Moen 3 vacancies
DeKalb	John Caruso 12 vacancies
Fulton	Dr. Christopher Ervin Elizabeth Beskin Charles Schoen E. Joseph Sanders Cecelia Muhammad Nancy Sellers Dr. Patricia Benton 11 vacancies
Gwinnett	Jackie McNair Sharon Capers Dinah Gerone Gina Collette Alexander Solomon 11 vacancies
Newton	Rogenia Griffin 1 vacancies

3. Description of the Region

Region Three covers six counties of the greater metropolitan Atlanta. These counties include Fulton, DeKalb, Clayton, Gwinnett, Rockdale and Newton. Region Three is a very urban region and encompasses the city of Atlanta. According to the U.S. Census Bureau 2011 County Population Estimates, these six counties have a total population of 2,922,544, or roughly 30% of the state's total population. Populations for the six counties are as follows:

- Fulton 949,599
- Gwinnett 824,941
- DeKalb 699,893
- Clayton 261,532
- Newton 100,814
- Rockdale 85,765

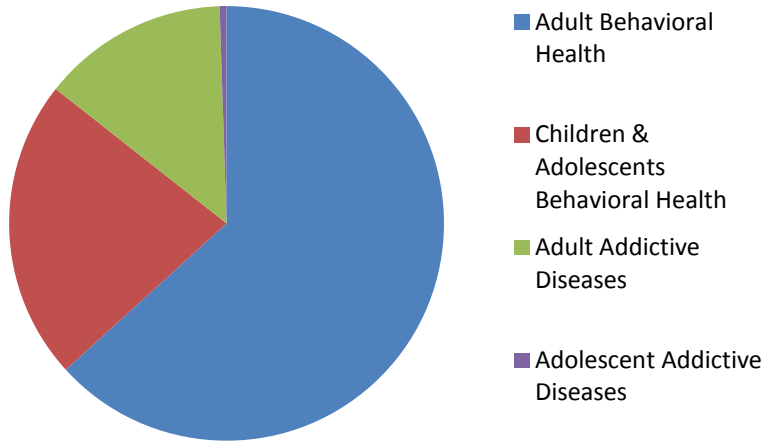
The population is made up of 51.3% female and 48.7% male. African Americans make up 43.2% of the population, Whites make up 47.3% and the Hispanic/Latino population makes up 12.4% of the region's population.

Region Three is an extremely diverse geographic area. There are large metropolitan areas with major economic development and the region is home to twenty-eight (28) institutions of higher education.

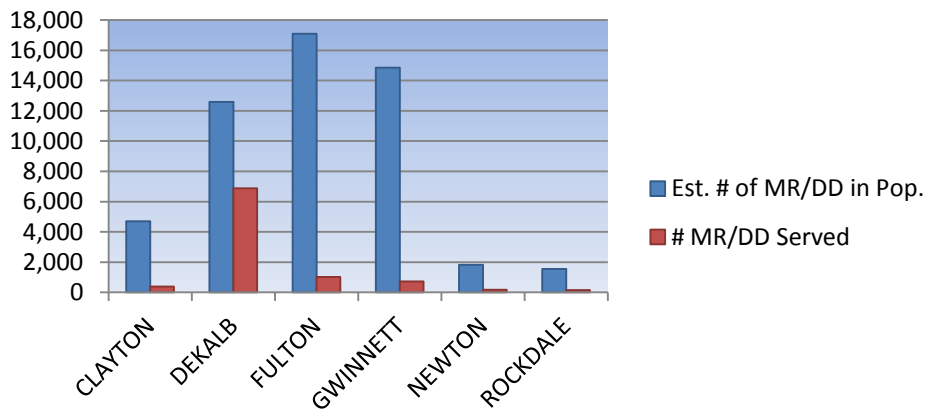
The region is diverse economically with 34% of its residents below 200% of poverty as compared with statewide totals of 36.5%. The Per Capita Income for Georgia is \$34,531 whereas for Region Three it is \$40,281.

Disability Service	Total Population	Number Served in Region Three	Percent of Needs Met in Region Three	Percent of Need Met in State
Adult Behavioral Health	110,282	27,801	25.2%	32.0%
Children & Adolescents Behavioral Health	30,933	9,830	31.8%	26.8%
Adult Addictive Diseases	177,677	6,099	3.4%	5.1%
Adolescent Addictive Diseases	20,872	224	1.1%	1.6%

Number Served in Region 3



Persons with Mental Retardation and other Developmental Disabilities (MR/DD)



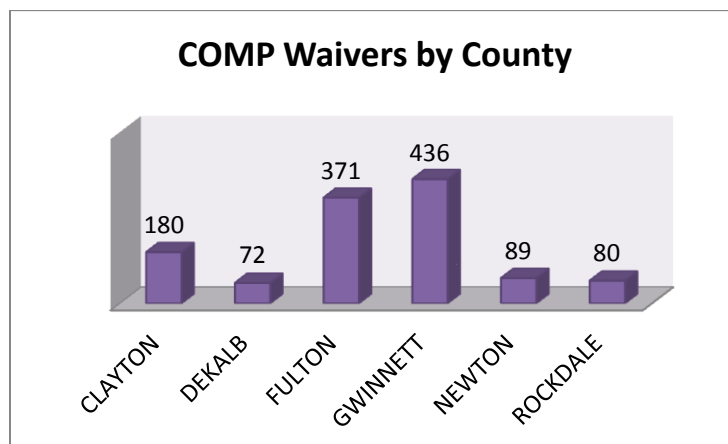
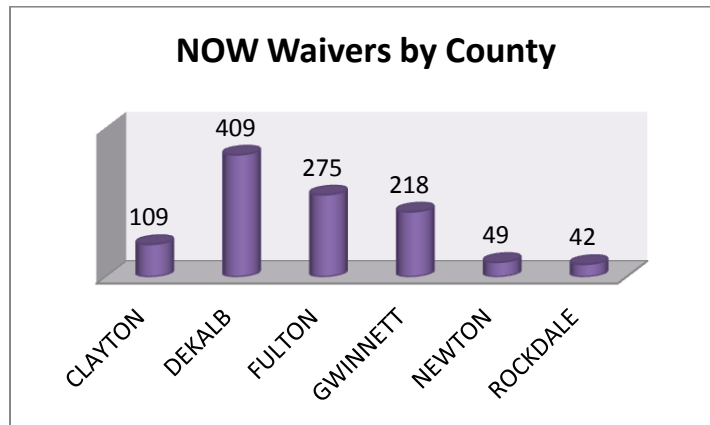
4. Assessment of Regional Needs

Developmental Disabilities

Section 1915 of the **Social Security Act** enables states to request waivers of federal law in order to provide certain services to individuals in their home or in the community. This waiver of federal regulations allows states to provide care for individuals in their homes or communities when otherwise they would need an institutional level of care.

Georgia Department of Developmental Disabilities oversees two waiver programs for individuals with developmental disabilities. New Options Waiver (NOW) designed for individuals who live in their own or family home and Comprehensive Supports Waiver (COMP) designed for individuals who need residential placement or intensive in-home supports to remain in the community.

Region Three has 3,019 individuals on the NOW/COMP waivers, 2,241 individuals on the planning list, and 303 individuals receiving state funds services not including respite and family support services.



Services offered under the NOW/COMP Waivers are:

Community Residential Alternative*	Support Coordination
Community Guide	Specialized Medical Supplies
Community Living Support	Vehicle Adaptation
Respite	Community Access
Environmental Accessibility Adaptation	Behavioral Supports Consultation
Prevocational Services	Transportation
Supported Employment	Adult Physical Therapy
Natural Support Training	Adult Occupational Therapy
Individual Directed Goods & Services	Financial Support Services
Adult Speech and Language Therapy	Specialized Medical Equipment

*Community Residential Alternative is only available in the COMP waiver

Services offered under State Funds are:

Community Access	Prevocational Services
Supported Employment	Community Living Support
Community Residential Alternative	Family Support
Respite	Behavioral Support Consultation

The Regional Office for Developmental Disabilities provides the following services and functions:

- Intake and Evaluation process Developmental Disabilities (DD) services eligibility applications; conducts face to face intake screenings with individuals and families; make follow up calls to families for incomplete applications or application inquiries; manages eligibility determination and related correspondence; ensures environmental health and safety for every individual in the community; assists with Supports Intensity Scale (SIS) appeals; completes clinical assessments; and performs psychological evaluations.
- Case Management services are provided for individuals on the short term planning list by Planning List Administrators (PLAs) and for individuals receiving state funded services by State Services Coordinators (SSCs). The PLA plays a vital role in advocating for individuals to receive waiver and state services, allowing them to live and participate in community settings. The PLA is also responsible for monitoring the health and safety of DD individuals who are waiting for services by maintaining regular contact. The SSC assists individuals with ID/DD who are eligible for Medicaid in gaining and coordinating access to necessary care and services to meet their needs.

- Community Transition Services are coordinated by the Community-Based & Hospital-Based Case Expeditors. Case Expeditors facilitate transition meetings for individuals leaving the state hospital. During Fiscal Year 2013, Region Three was responsible for the transition of 43 individuals from Central State Hospital. We have transitioned 13 individuals in the community with the remaining 20 individuals to be transitioned by the end of May and 8 to be transitioned by the end of August.
- Quality Improvement Health & Safety Monitoring services are provided by the Health & Quality Manager (HQM). The HQM conducts health and safety reviews of providers and individuals; monitors support coordination ratings; and provides technical assistance to providers around health and safety issues, crisis response system, etc.
- Waiver and State Funding Management is the primary responsibility of the Operations Analyst (OA) who authorizes eligible individuals to participate in DD waiver and other programs; makes recommendations to Region or Division concerning operations; and maintains liaison with Support Coordination Agencies and counterparts throughout the State.

Family Support has assisted individuals with developmental disabilities and their families to stay together for many years in Georgia. We want to continue our progress with Family Support delivery to improve presence and participation in the community. In 2011, Operating Procedures for Family Support were developed which helped us fulfill the mission to provide an “array of goods and services aimed at providing families with individualized support services and/or goods needed to continue the care of a family member with developmental disabilities residing in the family home.”

Region Three has contracted with four DD providers to serve 433 individuals in Family Support Services.

Georgia Department of Behavioral Health & Developmental Disabilities created the Georgia Crisis Response System (GCRS) for people with developmental disabilities. The GCRS is a system of care that is accessed through a single point of entry, which is the Georgia Crisis Access Line (GCAL). The GCRS-DD provides community-based crisis supports as an alternative to institutional placement, emergency room care, or involvement of law enforcement (including incarceration). The GCRS-DD offers Intensive In-Home Supports and Intensive Out-of-Home Supports. Crisis Support Homes have been established to provide Intensive Out-of-Home Supports services for children and adults.

To help meet the needs of the individuals that we serve, Region Three has identified several goals for Fiscal Year 2012 as follows:

- Streamline eligibility and enrollment process
- Revise and shorten exceptional rate process
- Develop a plan to improve Support Coordination
- Review job function for any duplicity
- Recruit and train new providers
- Provide additional monitoring for individuals in the community

Behavioral Health

Adult mental health CORE services are provided to individuals on an outpatient basis for individuals with a serious mental illness or addictive disease. Those services include behavioral health assessment, diagnostic assessment, community support, community transition planning, crisis intervention, individual counseling, group counseling, family counseling, individual/group/ family training, medication administration, nursing assessment and health services, pharmacy and lab work, psychiatric treatment, psychological testing, and service plan development.

Crisis Stabilization Unit (CSU) is a short-term residential program operated for the purpose of providing psychiatric stabilization and detoxification services in a community based setting rather than inpatient hospitalization. This brief, intensive crisis service operates 24 hours a day, seven days a week.

Region Three has two crisis stabilization units (CSU) for adults and one CSU for children and adolescents. Dekalb Community Service Board operates a 36 bed adult CSU and Viewpoint Health operates the other 16 bed adult CSU. Occupancy of these beds averages 90 – 100% on any given day. Approximately 20 percent of all admissions have a diagnosis are substance abuse only, approximately 50 percent are diagnosed co-occurring and 30 percent have a diagnosis of mental illness only.

The CSU for children and adolescents is also operated by Viewpoint Health and has 27 beds. Occupancy of these beds averages 90 – 95% on any given day.

Additional CSU beds are needed in Region Three.

Mobile crisis services currently exist in Clayton and Fulton counties only. Behavioral Health Link is the provider of mobile crisis in Region 3. This service is provided by mobile clinicians who assess individuals at their residences, social service agency, emergency room or other community settings using the least intrusive intervention to maximize the recovery while minimizing involvement with law enforcement, emergency rooms or hospitals. BHL provides these mobile crisis services and are averaging 74 assessments per month in FY12. Mobile Crisis services in Region 3 will be rebid in FY13.

Additional mobile crisis services are needed in Region Three.

Detoxification services in region 3 are provided by 2 private providers and 1 CSB with the total number of beds being 73. Specifically, these detoxification services are ASAM level I-D and Level III.2D to III.7 D.

Intensive Case Management (ICM) is a community based service that consists of mental health rehabilitative services and supports necessary to assist the adult in achieving rehabilitative and recovery goals. Region Three has one ICM team. This team also receives referrals from CSU's, hospitals, jails, prisons, and homeless shelters and street outreach teams. Staff to individual ratio must not exceed 1:30 in urban areas. ICM was implemented in October of 2011 and currently has 60 individuals enrolled in the service.

Assertive Community Treatment (ACT) is an evidence based practice that is individual-centered, recovery oriented, and highly intensive community based service for individuals with severe and persistent mental illness. Referrals for ACT are commonly made by CSU's, hospitals, jails or through homeless shelters and street outreach teams. Region Three has a total of 16 ACT providers working throughout the region. Of these, three providers are funded with Medicaid and state dollars (awarded through RFP in FY11) and the remaining 13 teams are Medicaid only providers. Currently the state funded ACT providers are serving approximately 250 individuals and the Medicaid only providers are serving approximately 100 individuals in ACT.

Supportive Housing services are currently defined by three levels; intensive, semi-independent and independent. An intensive service provides individuals with 24/7 staff supervision. Semi-independent is defined as individuals having their own apartment with staff on-site for at least 36 hours per week. Independent residential service provides residential assistance to individuals who require a low level of residential structure. Region Three has 15 providers of supportive housing for people with a mental health issue and/or people with addiction. Region Three has a total of 605 state contracted residential beds for behavioral health consumers.

As a result of the ADA settlement and in an effort to expand supportive housing throughout the state, the Department began administering the Georgia Housing Voucher Program (GHVP). This program supplies state funded housing vouchers to those meeting ADA criteria for 12 months. At the end of the GHV, the individual would transition to their own tenant based section 8 housing voucher, a shelter plus care placement or other residential options within the region. In addition the GHVP voucher, the Department is making available **Bridge Funding** of up to \$3000.00 for each signed lease. Bridge funding can be used for rent deposits, utility deposits, moving expenses initial food and apartment supplies and furniture. Currently Region Three leads the state in number of vouchers/signed leases at 126 with an additional 85 having been approved and are awaiting the individual and his/her provider to locate, secure and set up the apartment. Region Three has approved bridge funding for all individuals enrolled in GHVP and bridge funding for those who are pending.

Additional supportive housing services and housing resources are needed in Region Three.

Supportive Employment assists individuals with job development, placement, training and support to get and keep jobs. Region Three provides supported employment services to 126 individuals through 5 different providers. Through the ADA settlement Region Three received supported employment funding for an additional 28 individuals who meet the ADA criteria.

Region Three needs additional supported employment services.

Peer Support and Wellness programs provide day services which include structured activities to promote socialization, recovery, wellness, self-advocacy, development of natural supports and maintenance of community living skills. These programs occur within a peer support center. Region Three is home to 5 peer support centers and the Peer Wellness Center in Decatur operated by the Georgia Mental Health Consumer Network.

Projects for Assistance in Transition from Homelessness (PATH) Programs serve individuals who are disaffiliated from mainstream culture and/or who have had negative experiences with service providers. These services are designed to identify, engage and link those homeless individuals who are unable or unwilling to seek services on their own from mainstream treatment resources. Currently in Region 3 the PATH dollars are funding outreach services for people with serious and persistent mental illness and co-occurring substance use or abuse who are also experiencing homelessness. This outreach service is being provided by 6 different providers through outreach teams referred to as PATH teams. Along with this outreach service Region 3 also funds an organization to provide expertise in filing SSI/SSDI applications and following these applications until approval of benefits is received using the SOAR model.

Treatment Court Services are offered through City of Atlanta Municipal Court and DeKalb County Government for citizens with addiction issues who are arrested as a result of the addiction. Mandatory addictive disease treatment is offered as an alternative to incarceration for those citizens whom are assessed to be good candidates for recovery and agree to participate. City of Atlanta Municipal Court also offers a mental health court where citizens with mental health issues are given the opportunity to engage in treatment as an alternative to incarceration after an arrest.

5. Regional Planning Board Priorities

The Region Three office is responsible for effective transition planning from institutions to community based settings. This planning requires the development of partnerships between individuals and providers. All aspects of person-centered treatment planning rely on shared decision making and individual defined outcomes. This process will ensure individual choice and empowerment. The Region Three office is responsible for ensuring that effective transition planning whether its with Georgia Regional Hospital Atlanta, or helping with transition through coordination with Central State Hospital and community providers. The Region Three Planning Board has identified gaps in services that need to be addressed. The priority needs for Region Three which are recommended in the 2015 Annual Plan are:

Priority

Streamline process and make process more transparent for applying for and navigating NOW/COMP waiver funding with both online and written documentation.

Rationale

With the number of individuals on both the short-term and long-term waiting list with others who are potentially eligible, there needs to be a better documented process for NOW/COMP waivers. This would allow for more appropriate applications to be filed, more efficient planning for both state and families in application process, and transparency in how the NOW/COMP waivers are applied.

Priority

A listing or guide of all available resources available to individuals and families in need of behavioral health or developmental disabilities services.

Rationale

Though there is a critical need for NOW/COMP waivers, individuals and families would be able to supplement or reduce their need for components of the waivers if they are aware of other services/options available to them. This could possible ameliorate the burden placed upon those on both the short-term and long-term waiting lists as they await approval of said waivers

Priority

Funding or regulatory support is needed for transportation for provision of BH/DD services. Priority should be considered for regions without a functional transportation system.

Rationale

Though Region 3 is the most compact and transportation rich of the state regions, transportation was a frequently mentioned barrier to delivery of care. Many of the providers are more centrally located, thus for the outer counties, getting care is still difficult. Additionally, though providers may be able to offer transportation, due to regulatory hurdles (i.e. reimbursement for gas, limited vehicle size), many are not able to transport individuals in their care to or from services. Because of such barriers, individuals are either unable to get the necessary services, limiting or preventing improvement in their condition or requiring such individuals to pursue more expensive options such as in-home monitoring/care or long-term treatment facilities.

Priority

There is a need for increased transitional housing and group homes with better regulation of current housing and personal care homes (PCH).

Rationale

Women with children, individuals with mental health challenges, and those requiring group home facilities all had similar needs: appropriate housing. The current housing situation results in individuals/families relying on inadequate shelters, incarceration or reliance on unlicensed or regulated PCH. This results in relapse or exacerbation of BH/DD diagnoses, increased reliance on funds or misappropriation of directed funds.

Priority

Coordination of those dually diagnosed with both behavioral health and developmental disabilities.

Rationale

Presently, the system of care for those dually diagnosed leads to either denial or inappropriate delivery of services. For example, DD ACT teams frequently do not have a psychiatrist who is able to prescribe medicines and mental health providers often do not have the capacity to provide care to individuals who also have a DD diagnosis. There is a need to be a comprehensive person-

centered system of care so all available services can be provided regardless of primary/secondary BH/DD diagnoses.

Priority

Increase in the number of day programs available for those eligible.

Rationale

There are individuals (and their family members) who would benefit from an increased number of day programs because of 1) opportunities for intellectual and positive emotional stimulation 2) opportunities for training and other skill-building sessions and 3) allowance for monitoring and care for those whose primary caretakers are unavailable during the day due to work or other obligations.

Priority

Increase supported employment opportunities with appropriate compensation for individuals with disabilities including adolescents graduating from high school.

Rationale

Having a job creates a sense of hope and opportunity which is vital to individuals with disabilities and in recovery. Jobs provide a sense of accomplishment and economic stability and

a chance at community integration. Jobs set the tone for a lifetime of well-being. In addition, jobs help individuals reduce levels of dependency on state funds for monitored care, housing support, and other support services as participants are able to maintain functional levels of independence.