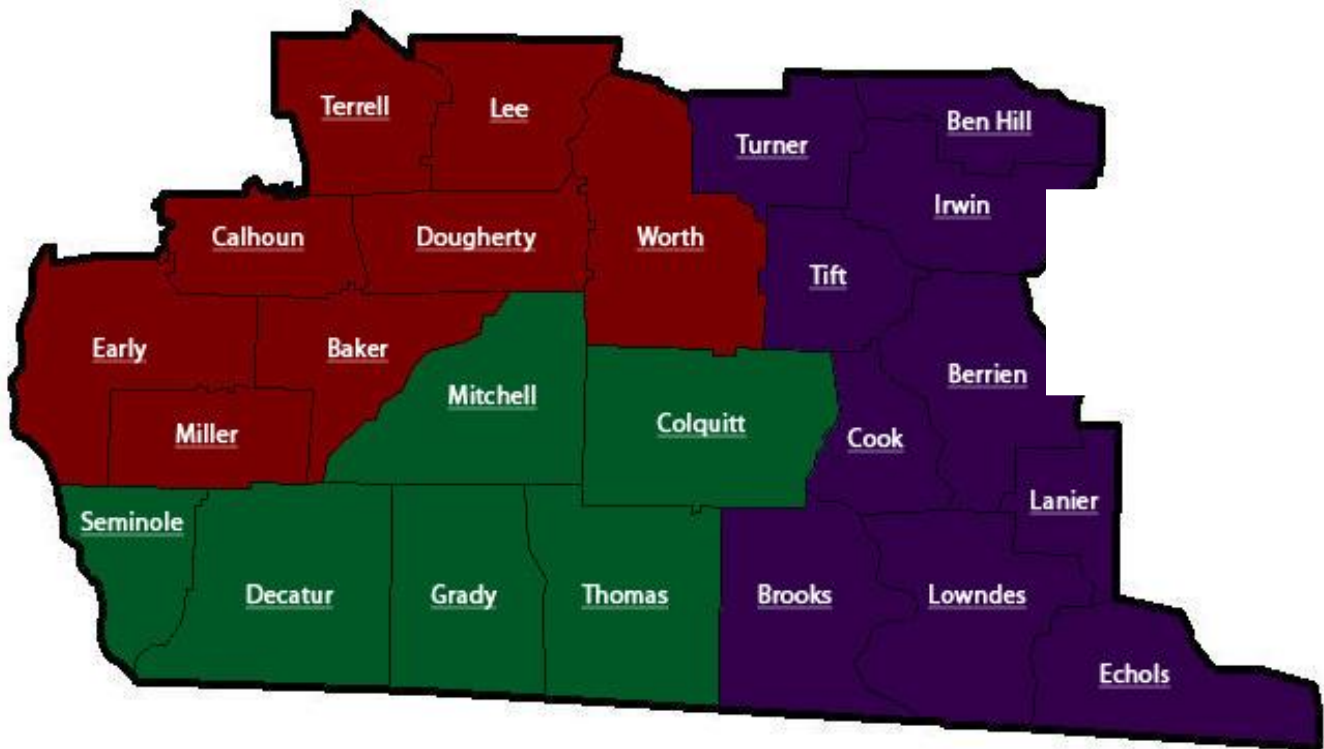




REGION 4 PLANNING BOARD

BEHAVIORAL HEALTH/DEVELOPMENTAL DISABILITIES/ADDICTIVE DISEASES

FISCAL YEAR 2015 ANNUAL PLAN



SECTION 1: EXECUTIVE SUMMARY

The Region 4 Office remains located on the campus of SWSH and continues to have oversight of the same 24 county service area of Southwestern State Hospital (SWSH). The region is rather square shaped starting on the Western border with Seminole County moving north to Early and Terrell and then East to Ben Hill County and finally South to Echols County. Ken Brandon remains the Regional Coordinator for Region 4 DBHDD, and Jennifer Dunn remains the Regional Services Administrator for Behavior Health. It is important to note that Behavioral Health and Developmental Disabilities continue to be divided as individual entities, however, they are now both under the Regional Coordinator, Ken Brandon. The new Regional Services Administrator for Developmental Disabilities is Michael Bee.

Dr. Linda Floyd, Region 4 Planning Board Chair, Judy Gaines Vice-Chair and Dr. Bonnie Seery-Secretary, along with other existing board members continue to serve. Several new members have been recruited and great efforts have been employed to fill long standing vacant positions.

The Region has continued in its commitment to abide by the Settlement Agreement. The Settlement Agreement combined with the Olmstead decision and the CRIPA agreement has laid the foundation for goals and funding BHDD services for the next five years. The Agreement lays aside a DOJ lawsuit brought about earlier under the Americans with Disabilities Act.

On the Developmental Disability side of the Agreement, the state has upheld its commitment to discontinue admission of individuals with Developmental Disorders to State Hospitals by creating a tiered Crisis Response system. With Benchmark as the provider in Region 4, the system is fully functioning. In addition, the State agreed to provide supports for those who are being served in the State Hospitals and would prefer to live in the community by July 1, 2015.

For Region 4, this means that all of people being served in Rose Haven ICF-MR facility who have developmental disabilities and/or a behavioral health diagnosis, autism, and/or complex medical conditions, will be transitioned into the community if they desire. New homes are being developed and presented to these individuals as options of places to live in their home communities. Appropriate medical staff are being identified to serve the people in their homes and in the community. Day service centers are being modified to accommodate special needs.

New waiver funded services are being placed in the state as a result of the Settlement Agreement. By July 1, 2015 a total of 1150 home and community based waivers will be in place. 750 of those will be utilized to help transition individuals from State Hospitals to communities, and 400 of those will help prevent the institutionalization of those individuals currently living in the community.

In addition, 2350 families will receive family supports in Georgia by July 1, 2015 as a result of the Settlement Agreement. These supports will help those families continue to care for family members with developmental disabilities at home.

On the Behavioral Health side, the Settlement Agreement also provides for expanded community-based services for approximately 9,000 individuals with mental illness. The five year plan includes adding a variety of services. By July 1, 2015 there will be a total of 22 ACT Teams, 2,000 individuals receiving state funded housing assistance, 14 Intensive Case Management Teams, 540 individuals

receiving bridge funding, 550 (new) individuals receiving supported employment, 35 community hospital beds funded, 8 Community Support Teams, 3 new Crisis Stabilization Programs, 835 (new) individuals receiving peer supports, 45 Case Management Services, 6 new Crisis Service Centers, 18 Crisis Apartments, and all 159 counties with capacity to receive mobile crisis service coverage.

PRIORITIES FOR FY15

1. Adults with Mental Illness:

- Develop additional Crisis Stabilization Unit (CSU) services in Region 4.
- Develop new intensive residential capacity to serve “long-term” consumers residing at SWSH. Need 2 male homes and 1 female home.
- Develop Shelter Plus Care programs in Albany and Thomasville.

2. Children and Adolescents with Serious Emotional Disturbance:

- Improve access to C&A intensive serves for Region 4.

3. Persons with Developmental Disabilities:

- Transition all ICF/DD consumers from Rosehaven by June 30, 2013
- Develop specialized community services to serve the skilled nursing consumers residing at Rosehaven (projected facility closure by December 31, 2013).

4. Adults with Addictive Diseases:

- Develop ambulatory detox services in at least one (1) service area of Region 4.

5. Adolescents with Addictive Diseases:

- Pursue development of a Drug Court for Adolescents with Addictive Disease population.

6. Individuals with Dual Diagnoses

- Develop specialized residential service for MHDD population (including those with forensic status).

7. All Disabilities:

- Develop an ongoing and sustainable system to educate and inform the public of service availability and access in Region 4.

COMPOSITION OF REGIONAL PLANNING BOARD

Region 4 is comprised of 24 counties. The names of Board Members and the counties they represent are as follows:

COUNTY	BOARD MEMBER	COUNTY	BOARD MEMBER	COUNTY	BOARD MEMBER
Baker	VACANT	Dougherty	Sabrina Owens-Hayes	Miller	Carol Newberry
Ben Hill	VACANT	Early	Jessie McGowan	Mitchell	Judge Rick Waters
Berrien	Dr. F.E. Knowles, Jr.	Echols	VACANT	Seminole	Shelia Williams
Brooks	Nancy Tennyson	Grady	Glenda Creech	Terrell	Louise Darley

Calhoun	Landra Lee	Irwin	VACANT	Thomas	Dr. Bonnie Seery, Secretary
Colquitt	Lynn Wilson	Lanier	Mitchell Chason	Tift	VACANT
Cook	Ann Knight	Lee	Carol Emerson	Turner	VACANT
Decatur	VACANT	Lowndes	Dr. Sheila Cook	Worth	Becky Geer
Dougherty	Judy Gaines, Vice Chair	Lowndes	Dr. Linda Floyd, Chair		

SECTION 2: DESCRIPTION OF REGION

Region 4 consists of 24 counties in the far Southwest corner of Georgia. An analysis of the population data from the United States Census Bureau, 2009 County Population Estimates indicates an overall average of 12.8% in the 0-8 age range, 12.8% in the 9-17 range, 61.4% in the 18-64 range, and 13% in the 65 and older range. The population is made up of 48.7% Males and 51.3% Females. Caucasians represent 58.7%, African Americans 38.4%, and the Hispanic or Latino population represents 5.8% of the total population.

Region 4 is an extremely diverse geographic area. There are large metropolitan areas, with significant economic development, institutions of higher learning and a growing population base. On the other hand, the majority of the Region is rural in nature, with agriculture as the primary industry and high rates of poverty among the population. Census data (as provided by June 2010 United States Census Bureau release) indicate that 21 of the 24 counties have poverty levels of 45% or greater. Seniors, single heads of household, migrant workers, minorities, and mentally and/or physically challenged persons struggle to rise above the poverty level. The per capita income ranges from a low of \$21,890 in Calhoun County to a high of \$38,968 in Lee County. Medicaid Recipients make up 28.5% of the total population in Region 4.

The chart below shows the estimated need for services by disability category and how Region 4 performed relative to FY12 service data. It indicates that Region 4 is exceeding the state average considerably in services to the Adult Mental Health populations. For C&A Behavioral Health, Region 4 serves approximately 36% above the state average. For Adult and Adolescent Addictive Diseases, Region 4 is serving 100% above the state average. For Developmental Disabilities, Region 4 served 67% above the state average. For Adult Behavioral Health Region 4 served 71% above the state average.

Disability	Total Population	Estimated # Needing Services	Number Served	Percent of Need Met In Service Area	State Average
Adult BH	430,912	23,269	12,767	54.9%	32.0%
C&A BH (ages 9-17)	81,477	6,518	2,379	36.5%	26.8%
DD	613,388	11,041	2,373	21.5%	12.9%
Adult AD	430,912	37,489	3,292	8.8%	5.1%
Adolescent AD (ages 12-17)	51,577	4,487	143	3.2%	1.6%

- BH = Behavioral Health
- C&A = Child & Adolescent
- DD = Developmental Disabilities
- AD = Addictive Diseases
- DD population equals the total population of Region (adults and children)

Note: There is no definitive way to estimate the number of people with MR/DD who need services from the MR/DD prevalence figures provided by DBHDD. The “Estimated # Needing Services” for DD includes individuals who are developmentally disabled but are not eligible for services because of their level of functioning. It is assumed that every Georgian with a developmental disability is in need of Division of DD services.

SECTION 3: ASSESSMENT OF REGIONAL NEEDS

The Region Four Assessment of Needs documented in this section is compiled from community forums, surveys, and other data provided to the Department of BHDD.

NEEDS ASSESSMENT FORUMS

Needs assessment forums were conducted in Albany, Thomasville, Tifton, and Valdosta. Consumers, family members, Region Four Board Members, Legislative Representatives, and provider agencies participated.

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

Thronateeska Heritage Center – Albany (11/30/12) (32 Participants)

- Affordable and safe housing – limitations due to the requirement that no more than 49% living in same location may have a disability.
- Reduced time involved in “Exceptional Rate” process.

Mildred Hunter Community Center Valdosta 11/29/2012 (29 Participants)

- Find GIA funding for people who will not qualify for Family Supports.

Tift Adult Mental Health Center/BHS - Tifton (12/13/12) (37 Participants)

- Increase in autism funding.

Southwest Georgia Technical College – Thomasville (11/28/12) (36 Participants)

- Funding for Emergency Room visits for consumers whose service cannot be billed by the ER.

ADULT BEHAVIORAL HEALTH

Thronateeska Heritage Center – Albany (11/30/12) (32 Participants)

- More funding for intensive case management for chronically mentally ill.
- Improved agency collaboration to allow providers access to the rural counties to serve those with transportation issues.
- Reinstigate TAPP services.

- Regularly scheduled training for stakeholders on DBHDD's new policies and changes in the department.
- Expand the Mental Health Treatment Court to include misdemeanor charges and opportunities for diversion/prevention programs.

Mildred Hunter Community Center Valdosta (11/29/2012) - (29 Participants)

- The need for more frequent and reliable transportation for those who are not going to a Medicaid billable service; due to the closing of rural mental health clinics.
- Access to more housing options, especially for homeless men, such as shelter plus care, supportive and semi-independent placements.
- Availability to provide medical and dental care for the indigent.
- Emergency funding for food, clothing, utilities and temporary housing.
- Coordination and consistency across services, more staff and more activities for consumers, such as funding for new books and study materials.
- Expand the Mental Health Treatment Courts to Lowndes County similar to surrounding counties with successful programs.
- More options and resources related to Supportive Employment, creative ways to assist individuals in employment.

Tift Adult Mental Health Center/BHS - Tifton (12/13/12) (37 Participants)

- Additional funding for CSI workers and Case Management services.
- The need for more frequent and reliable transportation for those who are not going to a Medicaid billable service in addition to those receiving the Medicaid Transport – response time and unreliability of this service.
- Availability of Peer support and Psychosocial Rehabilitation Programs.
- More access and resources related to funding and transportation for Supportive Employment, creative ways to assist individuals in employment.

Southwest Georgia Technical College – Thomasville (11/28/2012) (36 Participants)

- Establish a Mental Health Treatment Court.
- Increase of licensed individuals for rural areas of our community.
- Funding to re-open rural mental health centers in outlying counties.
- Funding for TAPP services.

ADULT ADDICTIVE DISEASES

Thronateeska Heritage Center – Albany (11/30/12) (32 Participants)

- Greater focus on education and awareness, including an informational/resource guide.

Mildred Hunter Community Center Valdosta (11/29/2012)-(29 Participants)

- Availability of Respite Care for individuals who need detox.
- The need for Drug Treatment Courts.
- Availability to receive treatment in jail.

Tift Adult Mental Health Center/BHS - Tifton (12/13/12)-(37 Participants)

- Request to expand Substance Abuse Pilot Programs (such as the Substance Abuse Transitional Housing Residential Treatment Program) and resources for a longer treatment

model (more than a 30 day Program) including Residential options especially programs designed for women and children.

- The need for more Treatment Courts.

Southwest Georgia Technical College – Thomasville (11/28/2012)-(36 Participants)

- Establish an Addictive Disease Treatment Court.

CHILD AND ADOLESCENT

Thronateeska Heritage Center – Albany (11/30/12)-(32 Participants)

- Transportation.
- Timely Crisis Stabilization Unit access.
- No Crisis Stabilization Unit in Region 4.
- Lack of Intensive Family Interventions (IFI) providers in Region 4.
- No respite providers for BH.
- Poor participation of education system dealing with BH.
- Care Management Organization (CMO) concerns (limited access to services).

Mildred Hunter Community Center Valdosta (11/29/2012)-(29 Participants)

- Accessible transportation to necessary non medical services and behavioral health services
- Increase in autism funding.
- No respite providers for Behavioral Health.
- Lack of IFI providers in Region 4
- Timely Crisis Stabilization Unit access.
- Crisis Stabilization Unit in Region 4
- Care Management Organization (CMO) concerns –limited access to services.

Tift Adult Mental Health Center/BHS - Tifton (12/13/12)-(37 Participants)

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- No respite providers for Behavioral Health.
- Lack of IFI providers in Region 4.
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- Crisis Stabilization Unit in Region 4.
- Care Management Organization (CSU) (CMO) concerns –limited access to services.

Consumer Network Conference – St. Simmons Island (8/21/12 - 8/23/12)

Consumers identified their top 5 priorities at the Consumer Conference this past year. They are listed as follows:

1. Access to Affordable Medical, Dental, Eye Care.
2. Unrestricted Access to Affordable Medications.
3. Affordable, Accessible Housing.
4. Higher Wages for Peer Staff, including CPSs.
5. Jobs/Employment/Supported Employment.

PROVIDER SURVEYS

Providers in Region 4 were asked to document their top priorities/needs by disability category. Fifteen (15) agencies responded, and results are as follows in rank order:

Adult Mental Health

- Improve access to transportation services and greater flexibility of the existing transportation system (2 responses).
- More opportunities for continuing education and training locally, like the Beck Model.
- More residential treatment beds/homes and structured environments for individuals who are transitioning to the community.
- Affordable/Accessible Housing, including individuals with criminal histories.
- Additional support services programs.
- Appropriate psychiatric services for adults with intellectual disabilities.
- Adults with no insurance.
- Measures to reduce recidivism (it would have to be free to demographic because most do not have insurance).
- Access to Physician Services (3 responses).
- Underserved program that needs additional funding.
- Dental and Eye Care.

Adult Addictive Diseases

- Transportation, Transportation services for individuals to and from inpatient programs (2 responses).
- Physician Services.
- Breathalyzer machine.
- Treatment options for Individuals with DD.
- Long-Term inpatient treatment facilities lasting more than 28 days.
- Therapeutic Community Housing for 1 year.
- Time frame for residential treatment facilities is short and not enough time to fully assist individuals.
- More treatment options for prescription drug addiction.
- Training on matrix model, motivational interviewing, caring for addicted pregnant women and trauma.
- Any individual with a substance abuse diagnosis can have supported employment services.
- Any individual with a substance abuse diagnosis can have transportation to inpatient detox program and home.

Child & Adolescent Mental Health

- Continuation of improved relationship with local schools regarding student mental health.
- Increased psychiatric recruitment to this region.
- Continued funding for system of care type services.
- Day Service/Activity Therapy type services.
- Transportation.
- Fee for service for those who are uninsured until they can enroll in Medicaid.
- Transportation.
- Reimbursement to providers for behavioral supports for individual needing the service.
- More residential options.
- Respite Care.
- Uniform practices, especially eligibility for services between Care Management Organization (CMO)'s.
- Improved communication between Care Management Organization (CMO)'s and providers and reimbursement systems that allow for timely reimbursement.
- Crisis Stabilization units established closer to Thomas County for easier access.

Adolescent Addictives Diseases

- Residential Adolescent beds.
- Funding for system of care activities.
- Transportation.
- Funding for Outpatient Individual and Family Therapy.
- Intensive Outpatient Program.
- More program focus on prevention.
- Increase services to this population in Region 4.
- Availability of more CACII in Region 4.

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- More bus trips.
- More Slots opened up...we desperately need more people to serve.
- More staff are needed to meet all the regulations and requirements.
- Training for DSP on Supported Employment and Social Roles.
- Training on systematic instruction for DSP's.
- Funding for everyone on the waiting list and youth transitioning from school.
- Services to help those high functioning people who are developmentally disabled to maintain independence.
- Full funding for those receiving full services.
- Offering Full day services and full funding for those requesting it.
- Increase capacity with existing providers and adding consumers from the current planning list.
- Adult Respite Home.
- Real Transition from school to adult services.
- More funding for family support program as numbers far exceed contract.
- Increase direct-care staff.
- Easier documentation so direct-care staff can have more hands-on training time.
- Funds to accommodate emergencies –Shorter processing times.
- Affordable Housing.

- Better/Increase options for Adult Respite.

Co-Occurring Disorders

- More dual diagnosis programs for the BH and DD populations.
- Continued funding of A&D Services.
- Intensive Outpatient services/programs geared toward dual treatment.
- Transportation (to and from treatment and or support services).
- Breathalyzer machine.
- Staff training/Curriculum.
- Funding for training on co-occurring disorders to increase staff competency.
- Funding for medications for individuals with mental health, substance abuse and/or HIV diagnoses.
- Stream-line process so providers clearly know where to send individuals with dual diagnosis.
- Specialized respite/residential options.

Policy implementation or modifications

- More simplification of the exceptional rate process (Fast Track).
- Remove % from Policy #02-601.
- Any individual with a substance abuse diagnosis can have supported employment services.
- Any individual with a substance abuse diagnosis can have transportation to inpatient detox program and home.
- More transparency with the Regional Offices on Funding.
- Quicker communication from Region 4 Office to Contract Providers on time sensitive materials.

SECTION 4: PRIORITIES FOR FY15

1. TARGET POPULATION - Adults with Serious Mental Illness.

SERVICE PRIORITY

- Develop additional Crisis Stabilization Unit (CSU) services in Region 4.

RATIONALE

- Region 4 currently has only one Crisis Stabilization Unit (CSU) in operation. The facility (25 approved beds) is located in Albany and is operated by the Albany CSB. At present, the greatest need for additional capacity appears to be the Valdosta/Lowndes County area relative to the population base and admission data for Southwestern State Hospital (SWSH). The belief is that a significant reduction in hospital usage could be achieved by locating such a facility in the Valdosta/Lowndes. SWSH has a relatively large number of "short-term" admissions from the Valdosta area, suggesting that a significant number of those admissions could be diverted to a Crisis Stabilization Unit (CSU) for stabilization. Additionally, location of a Crisis Stabilization Unit (CSU) in that area would result in improved continuity for individuals served since the resource would be local.

SERVICE PRIORITY

- Develop new intensive residential capacity to serve “long-term” consumer residing at SWSH. Need 2 male homes and 1 female home.

RATIONALE

- On average, there are 10 to 14 individuals on the adult psychiatric unit at SWSH who have been in residence for longer than 60 days. These individuals have typically been unsuccessful in their community placements or other living situations due to the intensity of their needs relative to their mental illness. If the Region is to be successful in assisting these individuals in remaining in the community, we will need to develop some additional intensive residential treatment services as most of our existing programs are funded or staffed to meet the needs of this population.

SERVICE PRIORITY

- Develop Shelter Plus Care Programs in Albany and Thomasville.

RATIONALE

- Shelter Plus Care is a project based program operated by the Department of Community Affairs (DCA). The program provides housing subsidies for programs that provide behavioral health support services to consumers. The fiscal agent for such programs must be a non-profit agency and the CSB’s Albany and Thomasville would be likely candidates (BHS in Valdosta already has a sizeable program). Addition of these resources will further add to the array of housing options that are needed to assist consumers in maintaining community stability and placement.

2. TARGET POPULATION - Children and Adolescents with Serious Emotional Disturbance.

SERVICE PRIORITY

- Improving access to C&A intensive serves for Region 4.

RATIONALE

- Region 4 has sought new and existing providers who can serve children and adolescents who suffer with Serious Emotional Disturbance. We expect these providers to be able to provide C&A services such as IFI, individual, family, and CSI. Intensive services need to be in place in order to avoid needless out of home placements such as PRTF.

3. TARGET POPULATION - Persons with Developmental Disabilities.

SERVICE PRIORITY

- Transition all ICF/DD consumers from Rosehaven by June 30, 2013.

RATIONALE

- An expectation of the ADA Settlement Agreement is that our Department move 150 DD consumers per year (through FY 2015) from our facilities to the community. The target noted in the service priority is an expectation for Regions 4, 5 and 6 for the remaining ICF/DD consumers at the Rosehaven facility in order to meet the expectation to move 150 in FY 2013. This activity

will further enhance the residential array in Region 4 since new and existing providers are serving a population with complex medical needs. In general, this is a new development for Region 4.

SERVICE PRIORITY

- Develop specialized community services to serve the skilled nursing consumers residing at Rosehaven (projected facility closure by December 31, 2013).

RATIONALE

- The rationale for this priority is basically the same as the priority to move the ICF/DD consumers from the same facility. The Region is recruiting proven providers who have a history of experience in serving consumers with complex medical conditions in community settings.

4. TARGET POPULATION - Adults with Addictive Diseases

SERVICE PRIORITY

- Develop ambulatory detox services in at least one (1) service area of Region 4.

RATIONALE

- Ambulatory detox is a widely accepted best practice for the addictive disease population. It certainly does not eliminate the need for residential and in some cases inpatient detox services. However, for a considerable portion of individuals, ambulatory detox is the most appropriate and least costly service. At present, we have no ambulatory detox service operating in Region 4. From our review, there are many individuals receiving detox services (particularly in our Crisis Stabilization Unit (CSU) in Albany) in a higher level of care than is required. The Region feels strongly that utilization of ambulatory detox will result in better outcomes and a more appropriate service many consumers.

5. TARGET POPULATION – Adolescents with Addictive Diseases

SERVICE PRIORITY

- Pursue development of a Drug Court for this population.

RATIONALE

- Mental Health and Drug Courts have become very popular and are viewed as a best practice. Through its service providers, Region 4 proposes to identify a Juvenile Court Judge in the Region who has an interest in developing such a Court option.

6. TARGET POPULATION – Individuals with Dual Diagnoses

SERVICE PRIORITY

- Develop specialized residential service for the MHDD population (including those with forensic status).

RATIONALE

- Region 4 continues to be challenged in serving dually diagnosed MHDD consumers who have forensic status and/or significant behavioral issues. The Region has been very successful in serving the MH population with forensic status in community settings. The need exists to recruit

a specialty provider to develop a 4-person home to serve the MHDD through the Home and Community Based COMP Waiver. Without this resource, the Region will continue to have little or no resource to serve these individuals other than inpatient psychiatric admissions.

7. TARGET POPULATION – All Disabilities

SERVICE PRIORITY

- Develop an ongoing and sustainable system to educate and inform the public of service availability and access in Region 4.

RATIONALE

- During its community forums, Region 4 staff frequently heard comments about how challenging the DBHDD system is to understand and maneuver. Participants asked if there was some way to better understand how to access services in the Region. The Region proposes to develop a community services resource guide that be distributed electronically.