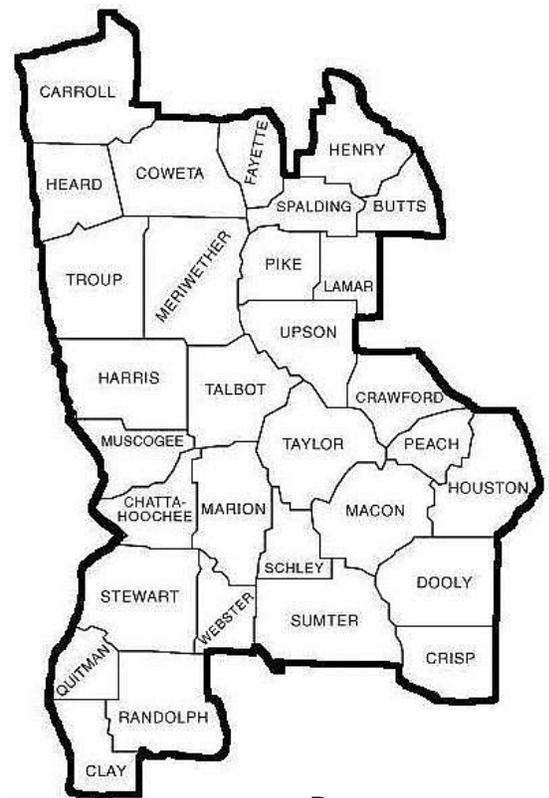


Georgia DBHDD

REGION 6

Regional Planning Board

Fiscal Year 2015 ANNUAL PLAN



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1. Executive Summary

This document summary has two purposes. First, it summarizes the input received from a series of surveys and community forums which gathered thoughts, recommendation and suggestions from a variety of community residents, consumers, providers and advocates about behavioral health and developmental disabilities needs and services in DBHDD Region 6. And second, this document articulated the priorities of the DBHDD Region 6 Regional Planning Board.

DBHDD Region 6 is the third most populous of Georgia's six Regions with a total population of 1,351,382¹. With 36 Adult Crisis Stabilization beds in the region, there is one bed for every 37,538 residents.

The Region 6 DBHDD Office (Region 6 Office) plans and oversees a network of mental health, developmental disabilities, and addictive disease and prevention services for 31 counties located in West Central Georgia.

Region 6 includes the metropolitan areas of Columbus, LaGrange, Carrollton, and the rapidly growing areas of Warner Robins/Houston County and McDonough/Henry County. The remainder of the Region is primarily rural, with most other cities and counties having populations of less than 25,000.

The Region 6 Office maintains close relationships with consumers, families, advocacy groups, service providers and other stakeholders. The Regional Office holds regular provider network meetings. Regional Planning Board meetings provide consumers and stakeholders with an opportunity to make public comment and input.

The Region 6 Hospital-based Case Expediter monitors/tracks hospital admissions, serves as the Regional lead in the transition of individuals on the Olmstead list, and promotes linkage for appropriate transition and continuity of care.

The Region 6 Community-based Case Expediter monitors/tracks consumers and families in accessing services and provide a wide range of liaison work with providers and other stakeholders.

The Region 6 Transition Coordinator I position monitors individuals and providers who participate in all housing activities.

The Region 6 Transition Coordinator II monitors evidence-based community mental health services including Assertive Community Treatment, Supported Employment, Community Support Team, Intensive Case Management and

Case Management; supports individuals by assuring they have initial and ongoing access to recommended services; and assures providers are implementing service models within established guidelines and actively facilitate consumer access to recommended services.

The Region 6 Child and Adolescent (C&A) Program Specialist monitors the utilization of the Psychiatric Residential Treatment Facilities (PRTF) and Room, Board and Watchful Oversight (RBWO) and Community Stabilization Program (CSP) admissions for Region 6 youth.

The Region 6 Compliance Officer monitors the performance of providers in the region and conducts site visits to review quality of services, programming and staffing plans and make recommendations to assure satisfactory accessibility and treatment quality.

The Region 6 Intake and Evaluation Team (I&E) and Planning List Administration (PLA) staff manage the supports and services provided to the developmental disability population. They make determinations of eligibility for DD supports & services as well as provide support, guidance and education to individuals, family members, key stakeholders and the general public. The I&E Team members include a Physician, a Psychologist, five Registered Nurses, three Social Workers, three Operation Analysis's, and three Psych Techs. The Planning List Administrative Team consists of seven Planning List Administrators, three Support Coordinators and the Planning List Administrator Supervisor.

The Region's DD Community-based Case Expediter provides support to individuals and their families, providers, and other stake holders to ensure individuals are connected with appropriate services in a timely manner. The Community Case Expediter also acts as a liaison and provides assistance to individuals when experiencing crisis that have removed them from their community and support system.

The Region's DD Aging Specialist serves as Area DRC Specialist to the Area's Agency on Aging (AAA) within Region 6 and also areas of Region 4. They provide cross-training to Southern Crescent Area Agency on Aging, River Valley Area on Aging, SOWEGA Council on Aging, and other ADRC partner agencies as needed or requested. They also work together with the AAA to develop protocol for referrals and assistance between AAA and DBHDD.

2. Region 6 DBHDD Planning Board Membership

	County	Board Member
1	Butts	Mallory, Sheila
2	Carroll	Cason, Betty
3	Carroll	Chibbaro, Julia
4	Carroll	Duplechain, Rosalind
5	Chattahoochee	Vacant
6	Clay	Hubbard, Curtis L.
7	Coweta	Smith, Sandy
8	Coweta	Vacant
9	Coweta	Vacant
10	Crawford	Vacant
11	Crisp	Vacant
12	Dooly	Vacant
13	Fayette	Begg, Jackie
14	Fayette	Edwards, Leslie
15	Fayette	Vacant
16	Harris	Boelter, Claudette
17	Heard	Brown, Keith
18	Henry	Craig, Angela
19	Henry	Kuhns, Amy
20	Henry	Risher, Jim
21	Henry	Vacant
22	Henry	Vacant
23	Houston	Harn, Lavonne
24	Houston	Loiacono, Betsy

	County	Board Member
25	Houston	Vacant
26	Lamar	McHan, Katherine
27	Macon	Vacant
28	Marion	Page, Mary Jo
29	Meriwether	Collins, Teresa
30	Muscogee	Barnwell, Edward
31	Muscogee	Dunford, Frank
32	Muscogee	Matheny, Elizabeth
33	Muscogee	Stacy, Tiffani
34	Peach	Ballard , Ashley
35	Pike	King, Glynda
36	Quitman	Vacant
37	Randolph	Andrews, James R.
38	Schley	Smith, Angeli
39	Spalding	Jackson, Geraldine
40	Spalding	Roberts, Marilyn
41	Stewart	Vacant
42	Sumter	Kitchens, David L.
43	Talbot	Walker, Sher'londa
44	Taylor	Jones, Joni
45	Troup	Boyd, Donald
46	Troup	Patterson, Bettye
47	Upton	Vacant
48	Webster	Vacant

3. Description of Region

Region 6 is comprised of 31 counties covering 9,822 square miles, with a total population of 1,351,382. The Region is divided into 5 service areas: Americus, Columbus, Griffin, Lagrange, and Warner Robins.

Region 6 has an average population density of 138 per sq mile. The Spalding service area is the largest and most densely populated. The Americus service area is the least densely populated. The Warner Robins service area is the smallest in the Region. There is some overlap in terms of the service areas for the different Community Service Boards (CSBs) and private agencies.

Region 6 Total Population				
CSB	Service Area	Population	Sq Miles	Pop./sq. mile
Middle Flint	Americus	111,373	2678	42
New Horizons	Columbus	259,514	2,512	103
McIntosh Trail	Griffin	461,556	1,630	283
Pathways Center	Lagrange	338,714	2,149	158
Phoenix Center	Warner Robins	180,225	853	211
Total		1,351,382	9,822	138

West Central Georgia Regional Hospital, located in Columbus, is the designated state DBHDD hospital for Region 6. Children and adolescents who have high acuity are served in the Crisis Stabilization Program (CSP) that is operated by Pathways CSB in Greenville.

The Region 6 Office has contracts with CSBs and private providers for the provision of CORE and specialty services for adults with mental illness, addictive disease, or co-occurring mental illness and addictive disease. These agencies are:

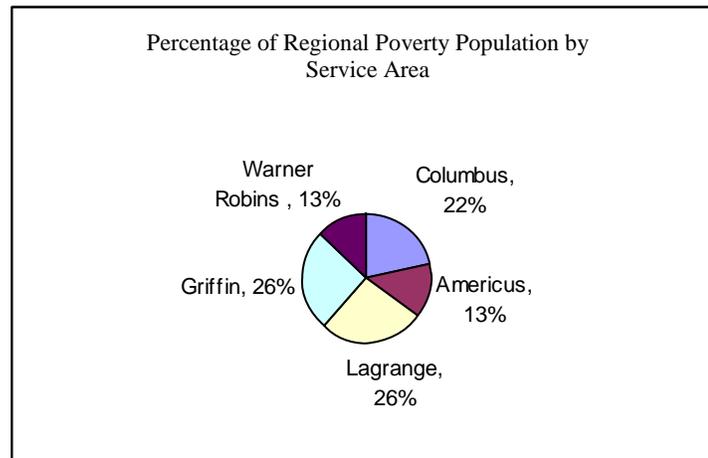
CSBs	Headquarters	Counties of Operation
Middle Flint	Americus	Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster
New Horizons	Columbus	Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
McIntosh Trail	Griffin	Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson
Pathways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

Private Providers	Headquarters	Services	Counties of Operation
American Work	Columbus	ACT, Core, Supported Employment	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

According to the 2010 US Census Bureau², 25 of the 31 counties (81%) in Region 6 have an average poverty level that is greater than the national average; with 4 of those counties (16%) being greater than 2x the national poverty level.

* The Columbus service area consists of 8 counties; two of those are the poorest in the region and half of their service area is among the most poverty stricken counties in the region.

*The Griffin and Lagrange service areas have the highest percentage of the regional poverty level and together, they account for more than half (52%) of the region's poverty population.



4. Assessment of Regional Needs

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

Stakeholders from Region 6 are working to design a service system that will address this mission by providing the services and supports needed by the core customers of the DBHDD. Those services and supports include housing, transportation, employment, and physical health care as well as other resources, both public and private, that have a significant impact on the mental health of consumers. The vision for that system of care includes an array of services that are responsive, flexible, comprehensive, effective, accessible, integrated, and which incorporate evidence-based practices. There must be a strategy that seeks to maximize the utilization of existing resources, while informing officials of the unmet needs.

The Region 6 Planning Board values and is committed to the design of a community-based comprehensive spectrum of mental health, developmental disability, addictive disease and support services that will allow consumers to live their lives as free as possible of the disabling effects of these conditions.

The Region will focus on promoting choices for consumers within a network of providers that concentrate on recovery and maximum potential considering a participant's unique strengths and abilities. The goal is to enhance the quality of life for all individuals who receive services from or funded by DBHDD.

To assist in identifying needs and priorities for the fiscal year 2015 planning process, Board members solicited information from county commissioners, law enforcement, public officials, community members, participants, families, and the general public in their respective counties. The Region 6 Office surveyed providers, held public forums, and held bi-monthly board meetings which serve as a venue for the public and providers to share information with the Board (see Appendix A: Regional Planning Survey results).

Needs Identified by Stakeholders

Behavioral Health

- Increase number of crisis stabilization and inpatient beds
- Develop more residential supports
- Increase access to transportation
- Increase community crisis services
- Increase supported employment slots
- More training for DBHDD providers
- Develop a common formulary
- Improve DC planning from state hospitals
- Increase number of diversion courts

Developmental Disabilities

- Increase number of community crisis and emergency respite beds
- Increase number of quality providers
- Increase funding for waiver slots
- Increase supported employment opportunities
- Increase access to transportation
- Provide more community education/supports
- Increase number of quality adult day service facilities
- Increase rate for provision of medically related services at DD service sites
- Streamline the process for approving waiver services for persons on the planning list
- Increase support groups for individuals and families with autism

Additional Comments Identified in the Surveys

- Increase VA services
- Increase case management services
- Increase workforce and job coaching
- Develop a better Quality Management system
- Provide more Peer/Family education
- Develop more case management services in jails
- Develop more streamlined services for youth aging out of schools, DFCS, etc.

5. Regional Planning Board Priorities

I. Adult Mental Health

Service Priorities:

- A) Increase number of crisis stabilization and inpatient beds
- B) Develop more residential supports
- C) Increase access to transportation
- D) Increase community crisis services
- E) Increase supported employment slots

Service Priority A: Increase Crisis Stabilization and Inpatient Beds

Region 6 opened a new 16-bed Crisis Stabilization Unit in Columbus on July 1, 2012 which is operated by St. Francis Hospital dba. The Bradley Center. This brings the total number of crisis stabilization beds in the region to 52, which reflects an increase of 45% in the number of crisis beds since FY11. This equates to 1 CSU bed per 25,988 residents.

Region 2, with a census of 1,221,002³, is similar in census to Region 6 and operates 58 CSU beds. This equates to 1 CSU bed per 21,051 residents; therefore Region 6 will continue to strategically plan to increase CSU bed capacity to be more closely aligned with Region 2.

Rationale

Crisis Stabilization Units provide 24-hour, seven-days-a-week support with behavioral health treatment, including medication management and illness management and recovery services, with a focus on short-term stabilization to adults 18 years of age or older. This includes coordination of services with existing DBHDD services such as Case Management, Assertive Community Treatment, Psychosocial Rehabilitation, Peer Supports, Supported Employment, as well as other community-based services.

The goals of Crisis Stabilization include:

- Promoting the safety and emotional stability of individuals with mental illness or emotional crises;
- Minimizing further deterioration of individuals with mental illness or emotional crises;
- Assisting individuals in developing and/or enhancing better coping skills and a natural support system;
- Helping individuals with mental illness or emotional crises obtain ongoing care and treatment; and
- Encouraging services in the least restrictive setting that is clinically appropriate to meet the individual's needs.

Region 6 Crisis Stabilization and Inpatient Behavioral Health Beds

County	Hospital	Total Beds	Adult Psych Beds	Emergency Receiving	Evaluating Facility	Treating Facility
Butts	Sylvan Grove Hospital	25	0			
Carroll	Tanner Medical Center Carrollton	202	0			
Carroll	Tanner Medical Center Villa Rica	40	0			
Carroll	Willowbrook at Tanner	52	40	X	X	X
Coweta	Piedmont Newnan Hospital	136	0			
Crisp	Crisp Regional Hospital	73	0			
Fayette	Piedmont Fayette Hospital	215	0			
Henry	Crescent Pines Hospital	50	30			
Henry	Piedmont Henry Hospital	215	0			
Houston	Houston Medical Center	237	17	X	X	X
Houston	Perry Hospital	45	0			
Macon	Flint River Hospital	49	12			
Meriwether	Warm Springs Medical Center	38	0			
Muscogee	Bradley Center	84	65	X	X	X
Muscogee	Doctors Hospital	219	0			
Muscogee	Hughston Hospital	100	0			
Muscogee	Martin Army Hospital	250	8			
Muscogee	St. Francis Hospital	376	0			
Muscogee	The Medical Center	413	0			
Muscogee	West Central GA Regional Hospital	58	58	X	X	X
Peach	Peach Regional Hospital	25	0			
Randolph	Southwest GA Regional Medical Center	25	0			
Spalding	Spalding Regional Medical Center	160	0			
Stewart	Stewart Webster Hospital	25	0			
Sumter	Phoebe Sumter Medical Center	76	0			
Troup	West GA Medical Center	125	0			
Upson	Upson Regional Medical Center	115	0			
Total Hospital Beds		3428	230			
Crisis Stabilization Units						
Muscogee	Bradley Center	16	16	X	X	
Lamar	Pinewoods	10	10	X	X	
Troup	Second Seasons	12	12	X	X	
Houston	Phoenix	14	14	X	X	
Total CSU Beds		52	52			

Service Priority B: Residential Supports

There is a need for greater availability of housing options and residential services to adequately support the needs of people with Severe and Persistent Mental Illness (SPMI) in the community. (Supports FY11 DBHDD Priorities: Increase consumer employment and self-sufficiency; Move all individuals from state hospitals to community services, whose disability does not necessitate continued hospitalization, as required by the U.S. Supreme Court's *Olmstead v/s L.C.* decision.) Region 6 continues to focus on the movement of individuals with SPMI toward Independent Living, especially those who are in prison or homeless.

Projects for Assistance in Transition from Homelessness program (PATH): The PATH program is operated by New Horizons Community Service Board in Muscogee Co. PATH serves homeless individuals who are not currently engaged in mental health services. Services include assisting individuals obtaining housing in permanent housing programs, providing recovery-oriented services, improving access to benefits, assisting with employment, and partnering with medical providers to assist individuals who are homeless and have a severe and persistent mental illness.

Rationale

Stable housing is a cornerstone of successful recovery. Without stable housing, individuals are more concerned with where they will spend the night rather than continuing to take their medications or participate in treatment services. This greatly increases the likelihood they will not follow through with treatment recommendations and will subsequently become psychiatrically destabilized. Also, without stable housing, emergency rooms are more highly utilized for crisis intervention, the frequency of contacts with law enforcement increases, and basic safety of the individual is jeopardized. Individuals with chronic mental illness are at greater risk of being taken advantage of by others due to their increased vulnerability. Stable housing includes both "brick and mortar" in a variety of community settings and needed residential provider services to maximize a person's ability to remain stable in the community.

Recovery Planning generally involves assisting individuals in obtaining a place to live, mental health treatment, and linking the individuals with resources to provide for their needs (i.e. disability, food stamps, etc). Unfortunately, many individuals with SPMI have few natural supports and no means of income, especially when they are initially released from jail or prison. Safe and affordable housing with supportive service in place is needed to increase chances of success and decrease recidivism.

There is a large range of services included within the Adult Residential Services category. Those services include independent residential services, semi-independent residential services, and intensive residential services. Semi-independent and independent residential services can be funded by DBHDD in the form of housing supplements or the Georgia Housing Voucher Program. Since the inception of the GA Housing Voucher Program in FY11, Region 6 has provided more than 80 housing vouchers to individuals and families with SPMI who were homeless or at risk of becoming homeless. In addition, individuals can obtain housing assistance through the Shelter + Care, Permanent Supportive Housing, Section 8 Housing Choice Vouchers, Section 8 Housing, 811 Housing, and Emergency Shelter Grant programs which utilizes federal funds to assist individuals in obtaining housing. Individuals receiving adult residential services are typically linked to CORE or other mental health or addictive disease specialty services.

Priority C: Transportation

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

Rationale

Few rural counties provide access to public transportation and often there are no clinics in these counties due to economic constraints. This barrier to accessing needed services creates greater incidence of people's psychiatric condition deteriorating such that they experience loss of stable housing and loss of employment. They often utilize expensive rural Emergency Room services for crisis events and have greater incidence of contact with law enforcement yielding criminal charges which further limit housing and employment options. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. Over time these support people lose their willingness to support their loved ones, thus creating an ever greater reliance on limited professional resources.

Priority D: Community Crisis services

Pathways CSB provides hotline and mobile crisis services by clinicians who assess individuals at their residence, social service agency, emergency room, or in the community using the least intrusive intervention to maximize the recovery, while minimizing involvement of law enforcement, emergency rooms or inpatient facilities. Only 15 counties receive Mobile Crisis; therefore, additional mobile crisis services are needed throughout Region 6 for the remaining 16 counties. Service providers not covered by Pathways typically serve current clients in CORE or ACT services or by referring individuals to the Georgia Crisis and Access Line.

Mobile Services are provided in the following 15 counties: Carroll, Heard, Coweta, Fayette, Spalding, Henry, Butts, Troup, Meriwether, Pike, Lamar, Harris, Talbot, Upson, and Muscogee.

Service Priority E: Supported Employment

Supported Employment assists individuals with job development, placement, and training as well as receiving support to help obtain and maintain paid employment. Additional Supported Employment is needed in all areas of Region 6. (Supports FY11 DBHDD Priorities: Increase consumer employment and self-sufficiency; Move all individuals from state hospitals to community services, whose disability does not necessitate continued hospitalization, as required by the U.S. Supreme Court’s Olmstead v/s L.C. decision.)

Supported Employment Providers	Service Area
American Work	Muscogee, Quitman, Randolph, Stewart, Talbot
Briggs and Associates	Carroll, Coweta, Fayette, Harris, Heard, Henry, Meriwether, Muscogee, Troup
Middle Flint	Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster
New Horizons	Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
McIntosh Trail	Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson
Pathways Center	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson

A Region to State comparison of the estimated prevalence of consumers compared to consumers currently being reached, based upon FY12 data, yielded the following information for the Region 6 population:

Estimated Need (Prevalence) to Consumers Served in FY12⁴

Adults (Age 18+) With Serious & Persistent Mental Illness (SPMI)				
Comparison of Estimated Need (Prevalence) To Consumers Served in FY12				
County	Adult Population	Estimated Number of Adults with SPMI	Number of Adults with SPMI Served	Percent of SPMI Need Reached
Butts	16,436	888	313	35.3%
Carroll	79,018	4,267	1462	34.3%
Chattahoochee	5,555	300	45	15.0%
Clay	2,190	118	43	36.4%
Coweta	89,753	4,847	975	20.1%
Crawford	9,684	523	95	18.2%
Crisp	16,813	908	668	73.6%
Dooly	9,155	494	185	37.4%
Fayette	77,469	4,183	474	11.3%
Harris	23,514	1,270	263	20.7%
Heard	8,613	465	245	52.7%
Henry	140,048	7,563	1,268	16.8%
Houston	99,164	5,355	988	18.5%
Lamar	13,144	710	341	48.0%
Macon	9,774	528	193	36.6%
Marion	6,328	342	100	29.3%
Meriwether	16,526	892	357	40.0%
Muscogee	128,980	6,965	3,873	55.6%
Peach	18,928	1,022	274	26.8%
Pike	12,700	686	178	26.0%
Quitman	1,867	101	43	42.7%
Randolph	5,537	299	137	45.8%
Schley	3,616	195	88	45.1%
Spalding	46,640	2,519	1,342	53.3%
Stewart	4,139	224	64	28.6%
Sumter	22,708	1,226	905	73.8%
Talbot	5,355	289	97	33.5%
Taylor	6,279	339	124	36.6%
Troup	46,993	2,538	1,038	40.9%
Upton	20,322	1,097	685	62.4%
Webster	2,339	126	36	28.5%
REGION TOTAL	949,587	51,278	16,899	33.0%
STATEWIDE TOTAL	6,893,549	372,252	119,178	32.0%

Based on the information in the prevalence table above:

- a) Approximately 13.7% (51,278) of Georgia’s adult residents with SMI reside in Region 6,
- b) Region 6 reached approximately 33% of the adult residents with SMI during FY12, which is up from 31% compared to FY11.

II. Adult Addictive Diseases

Service Priorities:

- A) Transportation
- B) Addictive Disease Crisis/Transitional Beds
- C) Day Services
- D) Supported Housing
- E) Supported Employment

Service Priority A: Transportation

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

Rationale

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

Service Priority B: Addictive Disease Crisis/Transitional Beds

During FY2011, the Region repurposed Addictive Disease (AD) funds to Intensive Outpatient and residential services to develop AD Crisis/Transitional beds.

Rationale

The utilization of Crisis Stabilization Unit (CSU) beds for AD was approximately 60%. Since the development of AD Crisis/Transitional beds, the utilization, December 2011, had reduced to approximately 28-32%, which is now below the state average of 40% for AD utilization of CSU beds⁵.

Service Priority C: Day Services

Adult CORE services are provided to individuals on an outpatient basis for individuals with a serious 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. Typically, an individual does not receive all services types within the CORE services category but are provided those services deemed necessary during the behavioral health and diagnostic assessment.

Service Priority D: Supported Housing

As previously noted, Region 6 currently has CSU's (detoxification services are provided within these programs); however, there is a need to establish a continuum of care on a larger basis that incorporates Short-Term Residential, Long-Term Residential, Intensive Outpatient, and Outpatient services. This continuum of care includes ASAM levels III.7-D, III.5, III.1, II.5, II.1, I.0, and 0.5.

Rationale

Among the homeless, studies have shown that stable housing during and after treatment decrease the risk of relapse when coupled with mental health treatment, supportive employment, peer support, and physical health care. As the data indicates, a large population of consumers with alcohol and substance abuse dependencies - both in housing and homeless - do not receive the treatment they need. In Region 6, common barriers to treatment among the homeless are lack of health insurance, lack of transportation, long waiting lists, and insufficient treatment planning following discharge from a CSU. As noted above, Region 6 now has 4 CSU's. Detoxification services are provided; however, there is a need to establish a continuum of care on a larger basis that incorporates Short-Term Residential, Long-Term Residential, Intensive Outpatient, and Outpatient services.

Intensive Residential Services:

An intensive residential placement provides individuals with 24/7 staff supervision. Staff assists individuals on various goals which include budgeting, food preparation, understanding their mental illness, and independent living skills.

Semi-Independent Residential Services:

Semi-independent residential services are characterized by individuals having their own apartment with staff on-site for at least 36 hours per week to accommodate residents' needs as well as have an emergency response plan for when staff is not present. Additional semi-independent residential resources are needed throughout Region 6.

Independent Residential Services:

Independent residential services provide residential assistance to individuals who require a low level of residential structure to maintain stable housing, continue with their recovery, and increase self-sufficiency. The individual chooses their residence and the residence is fully integrated in the community. An individual who receives independent residential services lives in a home either alone or with family members with staff supervision occurring once per week.

Service Priority E: Supported Employment

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

Ready for Work services provide comprehensive addictive disease treatment for females. The program is designed for individuals who meet the TANF needy family definition in order to promote employment, parenting skills, and other life skills. There are a limited number of slots for non-TANF individuals who meet the necessary criteria. Ready for Work services encompasses Intensive Outpatient Treatment, Independent Living Supports, Residential Services, and Transitional Housing.

Rationale

Specialized treatment programs that address the range of addictive disease disorders with science-based models offer the potential for more people to access services and for those individuals to have greater chances to successfully recover from drug and alcohol problems. Ready for Work services encompasses Intensive Outpatient Treatment (ASAM II.5), Independent Living Supports, Residential Services (ASAM III.5), and Transitional Housing (ASAM III.1).

Estimated Need (Prevalence) to Consumers Served in FY12⁶

Adults (Age 18+) With Substance Abuse				
Comparison of Estimated Need (Prevalence) To Consumers Served in FY12				
County	Adult Population	Estimated Number of Adults with SA who need svcs from the public sector	Number of Adults with SA Served	Percent of SA Need Reached
Butts	16,436	526	57	10.8%
Carroll	79,018	3,015	277	9.2%
Chattahoochee	5,555	162	9	5.6%
Clay	2,190	133	12	9.0%
Coweta	89,753	2,195	225	10.3%
Crawford	9,684	373	21	5.6%
Crisp	16,813	797	137	17.2%
Dooly	9,155	417	23	5.5%
Fayette	77,469	1,254	81	6.5%
Harris	23,514	530	50	9.4%
Heard	8,613	352	37	10.5%
Henry	140,048	3,112	182	5.9%
Houston	99,164	2,614	492	18.8%
Lamar	13,144	514	59	11.5%
Macon	9,774	510	51	10.0%
Marion	6,328	288	13	4.5%
Meriwether	16,526	695	65	9.4%
Muscogee	128,980	4,658	954	20.5%
Peach	18,928	781	107	13.7%
Pike	12,700	341	29	8.5%
Quitman	1,867	95	10	10.6%
Randolph	5,537	293	63	21.5%
Schley	3,616	179	19	10.6%
Spalding	46,640	1,802	250	13.9%
Stewart	4,139	197	15	7.6%
Sumter	22,708	1,015	228	22.5%
Talbot	5,355	244	14	5.7%
Taylor	6,279	349	17	4.9%
Troup	46,993	1,808	262	14.5%
Upson	20,322	893	87	9.8%
Webster	2,339	99	6	6.0%
REGION 6				
TOTAL	949,587	30,242	3,852	12.7%
STATEWIDE				
TOTAL	6,893,549	228,770	30,510	13.3%

Based on the information in the prevalence table above:

- a) Approximately 30,242 adults who need SA services from the Public Sector reside in Region 6,
- b) Region 6 has reached approximately 12.7% (3,852) of those in need, which is up from 12.15% from FY11.

III. C&A with Serious Emotional Disorders/Addictive Diseases

Service Priorities:

- A) Transportation
- B) Education for Community Stakeholders
- C) Expand Intensive Community based care models
- D) Expand System of Care Models

Service Priority A: Transportation

There is a significant need for availability of transportation services and supports in rural counties.

Rationale

Few rural counties provide any access to public transportation. Many families are of limited means and have limited access to transportation which limits their ability to participate in treatment programs for their children.

Service Priority B: Education for Community Stakeholders

Expand education of community stakeholders about ways to access child and adolescent behavioral healthcare services to help reduce admissions to Crisis Stabilization Units and PRTF beds.

Rationale

Many community stakeholders (personnel from school systems, DFCS, DJJ, Juvenile Judges, etc.) are not very well informed about the range and scope of behavioral healthcare services in Region 6. The Regional AD Prevention Specialist and C&A Specialists will work to improve their understanding of services and ways to access these services to help reduce premature and/or unnecessary inpatient admissions.

Service Priority C: Expand Intensive Community based care models

Expand high fidelity wrap around services to all 31 counties. These services include Intensive Family Intervention (IFI), Case Management, and other evidence based practices to reduce out of home placements.

Rationale

In the attempt to prevent out of home placements, programming must be put in place to be more flexible and responsive to the individuals' needs in their communities. Quality programming utilizing proven therapeutic interventions can provide effective services to the youth and their families within their own homes, schools and community resources.

Service Priority D: Expand System of Care Models

There is a need to expand System of Care models throughout Region

Rationale

The Region 6 Office supports system of care models such as the Local Interagency Planning Teams (LIPT). In many rural counties there is only a single provider option. Children and families are more likely to seek facility-based services when crises occur when outpatient services are limited. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated. Use of interagency groups that review youth with problematic behavior can engage natural supports for the family and divert unnecessary use of facility based services.

Estimated Need (Prevalence) to Consumers Served in FY12⁷

CHILDREN AND ADOLESCENTS (Age 9-17) WITH SEVERE EMOTIONAL DISTURBANCE (SED)				
COMPARISON OF ESTIMATED NEED (PREVALENCE) TO CONSUMERS SERVED in FY2012				
County	C&A Population	Estimated Number of C&A with SED	Number of C&A with SED Served	Percent of C&A with SED Reached
Butts	2,805	224	83	37.0%
Carroll	14,642	1,171	284	24.3%
Chattahoochee	1,456	116	12	10.3%
Clay	441	35	17	48.2%
Coweta	18,033	1,443	260	18.0%
Crawford	1,504	120	22	18.3%
Crisp	3,218	257	93	36.1%
Dooly	1,571	126	38	30.2%
Fayette	17,620	1,410	161	11.4%
Harris	4,425	354	73	20.6%
Heard	1,794	144	26	18.1%
Henry	32,735	2,619	533	20.4%
Houston	20,037	1,603	198	12.4%
Lamar	2,068	165	41	24.8%
Macon	2,099	168	24	14.3%
Marion	1,351	108	12	11.1%
Meriwether	2,681	214	104	48.5%
Muscogee	24,565	1,965	600	30.5%
Peach	3,316	265	45	17.0%
Pike	2,682	215	30	14.0%
Quitman	341	27	8	29.3%
Randolph	952	76	36	47.3%
Schley	660	53	13	24.6%
Spalding	8,471	678	185	27.3%
Stewart	833	67	14	21.0%
Sumter	4,282	343	160	46.7%
Talbot	811	65	25	38.5%
Taylor	1,331	106	42	39.4%
Troup	9,314	745	195	26.2%
Upson	3,580	286	56	19.6%
Webster	235	19	4	21.3%
REGION 6				
TOTAL	189,853	15,188	3,394	22.4%
STATEWIDE				
TOTAL	1,304,734	104,379	27,946	26.8%

Estimated Need (Prevalence) to Consumers Served in FY12⁸

Adolescents (Age 12-17) with Substance Abuse (SA)				
COMPARISON OF ESTIMATED NEED (PREVALENCE) TO CONSUMERS SERVED in FY2012				
County	Adolescent Population (Ages 12-17)	Estimated Number of Adolescent SA Consumers who Need Services from the Public Sector	Number of Adolescent SA Consumers Served	Percent of Adolescent SA Consumers Reached
Butts	1,768	154	1	0.7%
Carroll	9,087	791	19	2.4%
Chattahoochee	847	74	0	0.0%
Clay	272	24	0	0.0%
Coweta	11,434	995	5	0.5%
Crawford	830	72	0	0.0%
Crisp	2,311	201	4	2.0%
Dooly	957	83	0	0.0%
Fayette	11,780	1,025	2	0.2%
Harris	2,780	242	3	1.2%
Heard	1,197	104	0	0.0%
Henry	21,208	1,845	6	0.3%
Houston	12,752	1,109	4	0.4%
Lamar	1,203	105	0	0.0%
Macon	1,452	126	0	0.0%
Marion	894	78	0	0.0%
Meriwether	1,743	152	1	0.7%
Muscogee	15,182	1,321	31	2.4%
Peach	2,169	189	0	0.0%
Pike	1,697	148	1	0.7%
Quitman	262	23	0	0.0%
Randolph	614	53	0	0.0%
Schley	360	31	0	0.0%
Spalding	5,338	464	4	0.9%
Stewart	574	50	0	0.0%
Sumter	2,724	237	2	0.8%
Talbot	542	47	0	0.0%
Taylor	936	81	2	2.5%
Troup	5,850	509	11	2.2%
Upson	2,441	212	2	0.9%
Webster	98	9	0	0.0%
REGION 6				
TOTAL	121,302	10,553	98	0.9%
STATEWIDE				
TOTAL	817,643	71,135	1,108	1.6%

IV. Developmental Disabilities

Service Priorities:

- A) Community Crisis Beds and Emergency Respite
- B) Increase number of quality providers
- C) Increase funding for waiver slots
 - *Supported Employment
 - *Transportation
- D) Provide more community education supports
- E) Increase number of Adult Day service facilities

Service Priority A: Community Crisis Beds and Emergency Respite

There is a significant need for community crisis beds and emergency respite services for children in order to provide quality stabilization and supports. (Supports FY11 DBHDD Priorities: Ensure a community-based comprehensive array of crisis intervention services 24/7, as required by the U.S. Supreme Court's Olmstead vs. L.C. decision.)

Rationale

As of March 1, 2012, there were 297 children, under the age 18, who were on the long term planning list. Most of these children are being cared for by their families in their home environment. When these children experience behavioral crisis that cannot be managed in their home environment, proper stabilization afforded through the use of community crisis beds would increase the potential for children to return to their home environment. Emergency respite services would provide the appropriate step up and step down support in conjunction with the community crisis beds. These efforts to preserve the family unit would be extremely cost effective in that it would reduce the premature out of home placement of children. Similar resources for C&A do not exist as does for adults. There are 8 beds in the Adult crisis home that can be accessed any time they are needed. In addition, there are 2 Emergency Respite beds with New Horizons CSB. With crisis still being a function of the State office, continued efforts are being directed toward increasing Emergency beds.

Service Priority B: Increase number of quality providers

There is a significant need to develop quality service providers within the Region to ensure and address the health, safety as well as community integration needs of the target population.

Rationale

Current providers of services for individuals with DD are being supported by DBHDD to expand their organizations. Surveys were sent to all DD providers interested in further developing their capacity to meet the needs of individuals

transitioning from State institutions. DBHDD leadership has plans to evaluate each organization's current capacity as well as assess what additional resources service providers require meeting needs of the growing number individuals with DD in the community. Department wide quality improvement measures are being taken in the form of more stringent training requirements for providers increased monitoring and technical assistance completed by the State employees and enhanced accountability to streamline remediation procedures.

Service Priority C: NOW/COMP Waiver Funding

Additional NOW/COMP waiver funding is needed for individuals who are on the short and long term planning lists. (Supports DBHDD FY121 Priorities: Increase the number of individuals receiving waiver services, as required by the U.S. Supreme Court's Olmstead v/s L.C. decision.)

Rationale

The New Options Waiver (Now) and the Community Habilitation and the Comprehensive Supports Waiver Program (COMP) offer home and community-based services for people with mental retardation or developmental disabilities. As of March 2012, there were 187 people on the short term planning list and approximately 750 on the long term planning list identified as needing one or more types of waiver funded services. It is recommended that additional state funds be supplied to access Federal funds over the next three years. This would allow movement of these participants from the planning lists into services. This additional funding would address the needs of the current planning lists and prevent delays in accessing needed DD services experienced by those individuals graduating from the school system.

a) Supported Employment

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

Rationale

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

b) Transportation

There is a significant need for availability of transportation services and supports in rural counties.

Rationale

The majority of rural counties have small populations which do not provide for providers having offices in these areas because cost exceeds revenue. In addition, few rural areas have public transportation. This barrier to services creates a greater incidence of a developmentally disabled clients being unable to participate in needed services. Limited access to needed treatment resources places extra burden on family members and other local natural support systems. This strain sometimes leads to a loss of willingness on these supports to continue, which creates and even greater reliance on limited professional services, and in some cases results in the clients being jailed or institutionalized.

Service Priority D: Community Education/Supports

There is a significant need for Community Education/Supports focused on individuals diagnosed with Mental Illness and Developmental Disabilities.

Rationale

Improving community education and awareness across the Region would help reduce the lack of access to appropriate services for individuals dually diagnosed with Mental Illness and Developmental Disabilities. A significant amount of individuals served through the Georgia Crisis Response System are dual diagnosed. The lack of education around how to provide proper treatment to this population relates directly to the number of dual diagnosed individuals who frequent jails, hospitals and the Crisis Response System.

Service Priority E: Increase number of quality Adult Day Service facilities

There is a need to increase the number of Adult Day service facilities in order to meet the training, education and social integration needs of individuals with developmental disabilities.

Rationale

Efforts and plans toward expanding provider capacity are being made both at the Central and Regional office levels. In addition to providers being supported by DBHDD to expand their resources; they are also being challenged to improve programming at their organizations. Day facilities are designed to support individuals toward developing new skills, enhancing or maintaining current skills, fostering independence and promoting community

inclusion. Improving the presence and effectiveness of Adult Day service facilities will help individuals with DD to function better within their communities.

Estimated Need (Prevalence) to Consumers Served in FY12⁹

PERSONS WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES (MR/DD)				
COMPARISON OF PREVALENCE TO CONSUMERS SERVED in FY2012				
County	Population (All ages)	Estimated Number of People with MR/DD	Number of MR/DD Consumers Served	Percentage of Total MR/DD Served
Butts	23,504	423	59	13.9%
Carroll	111,159	2,001	133	6.6%
Chattahoochee	11,749	211	1	0.5%
Clay	3,111	56	17	30.4%
Coweta	129,629	2,333	128	5.5%
Crawford	12,567	226	18	8.0%
Crisp	23,710	427	74	17.3%
Dooly	14,587	263	68	25.9%
Fayette	107,784	1,940	85	4.4%
Harris	32,265	581	35	6.0%
Heard	11,744	211	9	4.3%
Henry	207,360	3,732	154	4.1%
Houston	143,925	2,591	380	14.7%
Lamar	18,194	327	29	8.9%
Macon	14,405	259	47	18.1%
Marion	8,746	157	10	6.4%
Meriwether	21,617	389	45	11.6%
Muscogee	194,107	3,494	367	10.5%
Peach	27,823	501	107	21.4%
Pike	17,751	320	16	5.0%
Quitman	2,464	44	16	36.4%
Randolph	7,558	136	45	33.1%
Schley	5,020	90	16	17.8%
Spalding	64,033	1,153	167	14.5%
Stewart	5,910	106	16	15.1%
Sumter	32,511	585	185	31.6%
Talbot	6,751	122	7	5.7%
Taylor	8,499	153	40	26.1%
Troup	67,764	1,220	70	5.7%
Upton	26,977	486	62	12.8%
Webster	2,791	50	5	10.0%
REGION 6				
TOTAL	1,366,015	24,587	2,411	9.8%
STATEWIDE				
TOTAL	9,815,210	176,676	22,792	12.9%

Based on the information in the prevalence table above:
 During FY'12, the estimated number of people with MR/DD in Region 6 was 24,587, and of those, 9.8% (2,411) received services, which are up from 8.9% during FY11.

6. Appendix A: Regional Planning Survey Results

	Little to no Improvement	Good improvement	Continued Priority	
BH/AD Survey Results	Votes	Votes	Votes	
Increase number of crisis stabilization and inpatient beds	10	6	14	
Develop more residential supports	14	9	13	
Increase access to transportation	16	2	11	
Increase community crisis services	11	10	12	
Increase supported employment slots	6	2	10	
More training for DBHDD providers	7	8	10	
Develop a common formulary throughout DBHDD	5	6	6	
Improve discharge planning from state hospitals	7	10	5	
Increase number of Diversion courts	4	3	4	
Other Priorities Identified by Participants				
VA services				
Case management Svcs				
Increased workforce				
Quality Management System				
Peer/Family education				
Jail Case Mgmt services				
DD Survey Results	Votes	Votes	Votes	
Increase the number of community crisis and emergency respite beds	5	1	15	
Increase number of quality providers	5	2	14	
Increase funding for waiver slots	5	3	14	
Increase supported employment opportunities	3	4	13	
Increase access to transportation	4	3	13	
Provide more community education/supports.	4	3	13	
Increase number of adult day service facilities	7	1	11	
Increase rates for provision of medically related services at DD service sites	4	3	9	
Streamline the process for approving waiver services for persons on the planning list	5	1	9	
Increase support groups for individuals and families with autism	6	5	2	
Other Priorities Identified by Participants				
Job Coaching				
Streamlined svcs for individuals aging out of schools/DFCS., etc.				

7. References

¹ Source: US Census Bureau, Population Estimates on July 1, 2009 (Released June 2010)

² Source: US Census Bureau;
<http://projects.nytimes.com/census/2010/map?nl=todaysheadlines&emc=thab1>

³ Source: US Census Bureau, Population Estimates on July 1, 2009 (Released June 2010)

⁴ Source: DBHDD, Office of Decision Support, APS MICP Authorizations Data File through December 2012.

⁵ Source: DBHDD Statewide CSP Utilization Reports

⁶ Source: DBHDD, Office of Decision Support, APS MICP Authorizations Data File.

⁷ Source: DBHDD, Office of Decision Support, APS MICP Authorizations Data File.

⁸ Source: DBHDD, Office of Decision Support, APS MICP Authorizations Data File.

⁹ Source: DBHDD, Office of Decision Support, APS MICP Authorizations Data File.