

2017-2018 REGION 6 TOP PRIORITIES WITH KEY STRATEGIES

Below are the three top priorities for **Region 6** for 2017-18

Priority 1: Critical Staffing Shortages

Address critical staffing shortages (including physicians, psychiatrists, registered nurses, and substance abuse counselors) and the need for specialty services (e.g., detox specialists) by recruiting providers and expanding telemedicine, mobile medicine, and crisis intervention services across the region including rural areas.

Key Strategies:

1. Work with Community Service Boards (CSBs) and providers to identify and assess critical staff shortages within Region 6.
2. Share the shortage data with chambers of commerce, professional associations, and Region 6 legislators. Identify strategies for recruiting and retaining licensed clinicians.
3. Work with Community Service Boards (CSBs) to identify and initiate creative recruitment such as partnering with colleges, reevaluating clinician level staffing requirements, building partnerships with nursing schools, and establishing HRSA needy service areas.
4. Recruit credentialed providers for co-occurring disorders. Recruit detox providers.
5. Address shortages in rural areas through telemedicine, mobile medicine, and crisis intervention services.

Priority 2: Housing

Increase housing and diversify options for Intellectual/Developmental Disabilities (IDD), especially individuals with autism, across the region including rural areas.

1. Articulate the issue of supply and demand. Evaluate the existing array, availability, and quality of alternative housing options for Intellectual/Developmental Disabilities (IDD), especially for individuals with autism, across Region 6. These alternative housing options include independent individual or shared living arrangements in a house, apartment, or condo; host homes; community-based group homes; and intermediate care facilities. Contrast this with the current and projected demand.
2. Promote awareness of housing options and support among individuals with IDD and their caregivers.
3. Explore issues related to host homes and community-based group homes for individuals with ASD. Seek provider, caregiver, and community input.
4. Expedite the licensing of community-based group homes.
5. Explore creating greater flexibility in waiver and other financial programs to increase residential flexibility. This may include technology supports that increase independence and decrease the need for paid supports.
6. Expand respite program capacity for individuals living in family homes.

Priority 3 on Back

Priority 3: Employment

Expand employment programs for both Intellectual/Developmental Disabilities (IDD) and Behavioral Health (BH), and incentivize supported employment.

Strategies:

1. Elevate and intensify Department of Behavioral Health and Developmental Disabilities (DBHDD) employment efforts for both Intellectual/Developmental Disabilities (IDD) and Behavior Health (BH) within the region. Create a dynamic regional employment coalition.
2. Launch a Registered Apprenticeship program for Intellectual/Developmental Disabilities (IDD) and Serious and Persistent Mental Health (SPMI) which combines employment and job training. Involve the Georgia Technical College System (GTSC), which is already providing related apprenticeship training and education, to encourage enrollment for people with IDD and SPMI. Seek funding and support for the registered apprenticeship program through federal government and the GTSC.
3. Strengthen the partnership between DBHDD and the Georgia Vocational Rehabilitation Agency (GVRA). Measure and compare the effectiveness of employment programs for individuals with Intellectual/Developmental Disabilities (IDD) and Serious and Persistent Mental Illness (SPMI) in different areas of the region. Where needed, work with local GVRAs to strengthen focus.
4. Improve promotion. Partner with both media and communities (e.g., Chambers of Commerce) to launch media campaigns promoting inclusive hiring. Provide easier and more comprehensive access to employment information on the DBHDD website.
5. Evaluate and make needed adjustments to supported employment contracts to increase motivation and program viability for providers.