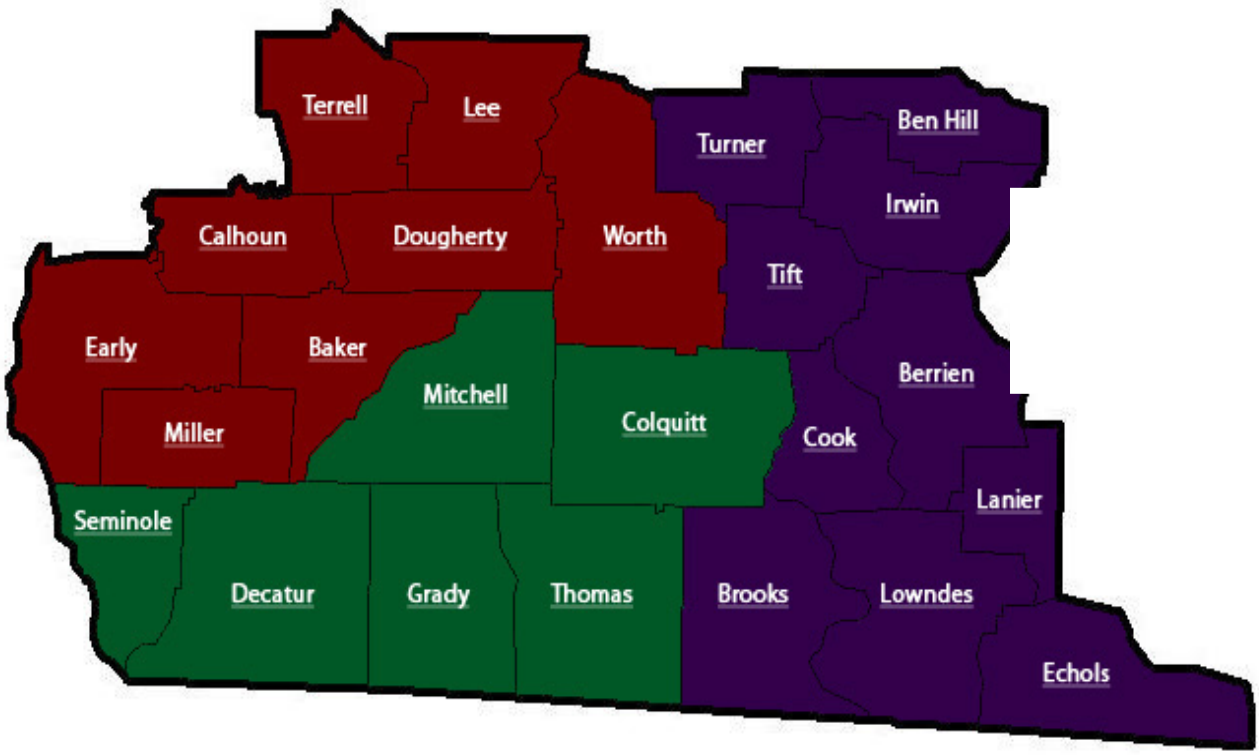
DBHDD

REGION 4 PLANNING BOARD

BEHAVIORAL HEALTH / DEVELOPMENTAL DISABILITIES / ADDICTIVE DISEASES

FISCAL YEAR 2016 ANNUAL PLAN



SECTION 1: EXECUTIVE SUMMARY

The Region 4 Office remains located on the Southwestern State Campus and continues to have oversight of the same 24 county service area. 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 over Behavior Health and Jennifer Dunn remains the Regional Services Administrator for Behavior Health. Michael Bee remains the Regional Services Administrator for Developmental Disabilities.

Judy Gaines, the Planning Board Chair, Dr. Bonnie Seery, Vice-Chair and Glenda Creech, 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 BH/DD services. 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 the 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 were placed in community settings or transferred to other facilities by December 31, 2013, when SWSH closed.

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 are being utilized to help transition individuals from State Hospitals to communities and 400 of those to 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 a family member with a developmental disability 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.

For Region 4 this means the addition of 2 new Behavioral Health Crisis Centers in Thomasville and Valdosta and the expansion of the Albany CSU to include walk in services and observation. Two new Intensive Treatment Residents and three Crisis Respite apartments have been added. Case management was added in Thomasville and Intensive Case Management is now available in the Region.

PRIORITIES FOR FY16

1. **Adults with Mental Illness:**
   - Reduce the number of admissions to State operated Hospitals by 50%.

2. **Children and Adolescents with Serious Emotional Disturbance:**
   - Improve access to C&A intensive serves for Region 4.

3. **Persons with Developmental Disabilities:**
   - Increase residential treatment capacity in Region 4.

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 this population.

6. **Individuals with Dual Diagnoses**
   - Develop specialized residential service for MHDD population (including those with forensic status).

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	Pastor Steve O'Neal	Early	Dana Glass	Mitchell	Vacant
Berrien	Dr. F.E. Knowles, Jr.	Echols	VACANT	Seminole	Shelia Williams
Brooks	Nancy Tennyson	Grady	Glenda Creech, Secretary	Terrell	Louise Darley
Calhoun	Landra Lane	Irwin	William Zorn	Thomas	Dr. Bonnie Seery, Vice Chair
Colquitt	Lynn Wilson	Lanier	Mitchell Chason	Tift	Sherry Miley
Cook	Ann Knight	Lee	Carol Emerson	Turner	Gloria Pylant
Decatur	Vacant	Lowndes	Dr. Sheila Crowley Cook	Worth	Becky Geer
Dougherty	Judy Gaines, Chair	Lowndes	Dr. Linda Floyd		

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, 2008-2012 American Community Survey indicates an overall average of 12.7% in the 0-8 age range, 12.6% in the 9-17 range, 61.2% in the 18-64 range, and 13.4% in the 65 and older range. The population is made up of 48.8% Males and 51.2% Females. Caucasians represent 58.5%, African Americans 38.5%, and the Hispanic or Latino population represents 5.9% 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 18 of the 24 counties have poverty levels of 50% 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 $25,352 in Echols County to a high of $43,950 in Lee County. Medicaid Recipients make up 28.96% 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 FY13 service data. It indicates that Region 4 is exceeding the state average considerably in all service areas. For C&A Behavioral Health, Region 4 serves approximately 73% above the state average. For Adult and Adolescent Addictive Diseases, Region 4 is serving 70% above the state average. For Developmental Disabilities, Region 4 served 100% above the state average. For Adult Behavioral Health Region 4 served 77% above the state average.

Disability	Total Population	Estimated # Needing Services	Number Served	Percent of Need Met In Service Area	State Average
Adult BH	434,961	23,488	13,395	57.0%	32.2%
C&A BH (ages 9-17)	77,444	6,196	2,142	34.6%	20.0%
DD	613,286	11,039	2,806	25.4%	12.7%
Adult AD	434,961	36,972	3,377	9.1%	5.1%
Adolescent AD (ages 12-17)	51,905	4,412	74	1.7%	1.0%

- 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 Intellectual Disability Developmental Disability who need services from the Intellectual Disability Developmental Disability 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.

INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITIES

Albany Community Service Board – Albany (10/29/2013)-(30 Participants)

- Complaints about transportation services. This appears to be primarily about Medicaid system contracted to LogistiCare.
- Educate County and City officials on difference between personal care Homes and DBHDD funded Community Living Arrangements.
- Older DD consumers don't want to participate in the same types of goals and day activities as younger consumers.

Valdosta City Hall Annex-Valdosta 10/17/2013 (75 Participants)

- Need Medicaid Waiver or state funding for individuals still in school.
- Services for the under 3 year old population. Poorly prepared for school.
- Transition into adult services and employment.
- Gap in life skills training.
- Transportation is missing.
- Limited dental services through Medicaid.
- Better access to Mental Health services for dual diagnosed (MHDD).

Tift Adult Mental Health Center/BHS - Tifton (10/22/2013) (37 Participants)

Thomasville Community Resource Center – Thomasville 10/16/2013 (17 Participants)

- Better training for direct support staff.
- Respect seminar for staff.
- Additional funding for CSI workers and Case Management services.

ADULT BEHAVIORAL HEALTH

Albany Community Service Board – Albany (10/29/2013)-(30 Participants)

- Complaints about transportation services, this appears to be primarily about Medicaid system contracted to LogistiCare.
- Improve timely access to clinical staff.
  a. Physician appointments are "too far out".
  b. Intake appointments scheduled 3 weeks out.
- Need more safe and stable housing options.
- Assistance to older adults caring for mentally ill family members.

Valdosta City Hall Annex-Valdosta 10/17/2013 (75 Participants)

- Change law requiring law enforcement transportation to ERF's (stigmatizing).
- Services to homeless population, especially men.
- More education on mental illness. Efforts to reduce stigma in community.
- NAMI chapter in Valdosta.
- Better access to transportation, especially with emerging needs.
- Safer vans at Day Programs.
- More exercise and wellness programs.
- More social and recreational opportunities.
- New stoves at New Beginning day program.
- Safe housing and support.
- Age appropriate services.

Tift Adult Mental Health Center/BHS - Tifton (10/22/2013) (37 Participants)

- Continue use of outpatient mandates through Probate Courts.
- Extended treatment for chronic/treatment resistant consumers.
- Residential options for dually diagnosed individuals.
- Stable housing.
- Improve coordination between hospital emergency departments and behavioral health facilities.
- Clarity on medical clearance requirements.
- Amend 1013 law to allow transport by other than law enforcement.
- Address crisis needs of people with dementia, TBI, and Autism.
- Fund TAPP Program (Training and Aftercare for Probationers and Parolees).
- Improve the initial screening and triage by GCAL.

Thomasville Community Resource Center – Thomasville 10/16/2013 (17 Participants)

- Thomas County MHAD Treatment Court needed.
- Employment.
- Improve quality of the Region pages on DBHDD website.

ADULT ADDICTIVE DISEASES

Albany Community Service Board – Albany (10/29/2013)-(30 Participants)

Valdosta City Hall Annex-Valdosta 10/17/2013 (75 Participants)

- Stable placements options after initial diagnosis/transition.
- Group Residence or apartment living options.
- Non diagnosed treatment education as part of AD curriculum.
- Community education on "what to do".
- Education on services and access (health fairs, schools, media, etc.).

Tift Adult Mental Health Center/BHS - Tifton (10/22/2013) (37 Participants)

- Fund longer term treatment for AD consumers. 28 day programs do not provide sufficient length of stability.

Thomasville Community Resource Center – Thomasville 10/16/2013 (17 Participants)

CHILD AND ADOLESCENT

Albany Community Service Board – Albany (10/29/2013)-(30 Participants)

- Recreational (after school) activities for children.

Valdosta City Hall Annex-Valdosta 10/17/2013 (75 Participants)

- Crisis stabilization contract beds.
- After school programs.
- Partial hospitalization.
- Partnering with other agencies.
- Grant funding opportunities.

Tift Adult Mental Health Center/BHS - Tifton (10/22/2013) (37 Participants)

- Improve access to crisis stabilization from services for the C&A population.

Thomasville Community Resource Center – Thomasville 10/16/2013 (17 Participants)

- In Colquitt County schools; increase utilization of the Mobile Crisis Team.
- Access to C&A Crisis Stabilization system-access is too far away from Region 4.

Consumer Network Conference – St. Simmons Island (8/20/13 - 8/22/13)

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

1. Affordable, Accessible Housing
2. Access to Affordable Medical, Dental, Eye Care, including Medications
3. Education Opportunities/Supported Education/Job Training
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. Ten (10) agencies responded, and results are as follows:

Adult Mental Health

- Increased capacity in the community of professional and clinical mental health services.
- Affordable Housing or increased Subsidies.
- Easier Access to DFACs for the processing of Medicaid and Food Stamps applications and renewals.
- Increase Case Management Staff.
- Medication Costs.
- Homeless and individuals returning to community from prison need additional funding to assist in rapid increase in homeless/disadvantaged consumers being seen which increases on-going

need for housing, medications, utility bills, payments, food, transportation, furniture, clothes and community services.

- Transportation.
- Joint efforts in the community education and collaboration with county agencies.

Adult Addictive Diseases

- Increased access to indigent substance abuse services.
- Ability to bill for required drug screenings.
- Supported employment.
- Transportation.
- Joint efforts in the community education and collaboration with county agencies.

Child & Adolescent Mental Health

- Increase Clubhouse funding to provide clubhouse funding in outer counties.
- Funding/Services for children and youth on autism spectrum/DD.
- Transportation.
- Mobile Crisis Unit.
- Transportation options (parents with multiple children cannot use the Non-emergency transportation due to limits on escorts)
- Waivers for telemedicine for providers who have difficulty getting psychiatrist 10 hours a week every week on-site due to C&A psychiatrist shortage and demands from psychiatrist.
- Crisis Stabilization Unit.
- Crisis Stabilization nearby that accepts “Straight” Medicaid.
- Joint efforts in the community education and collaboration with county agencies.
- Mental Health Services for special needs children under the age of 5.
- Funding for Early intervention for special needs children.
- Full time active and involved C&A specialist for Region 4.
- Enforcement of contractual deliverables for all providers and follow up as necessary, not just certain deliverables and only certain providers.
- More of a presence at LIPT meetings and other events, activities that significantly affect C&A Core providers (Amerigroup cross over, etc.).
- Hold meetings specifically for C&A providers and support efforts.

Adolescent Addictive Diseases

- Job training/supported employment.
- Preventive programs such as Pregnancy prevention, drug abuse prevention.
- Walk in crisis centers.
- Quicker turn around for DATEP program review and approval.
- C&A intensive detox program specific to Region 4.
- Support training for certified, EBP services stressed, encouraged and recommended by the Department to be used during treatment.
- Joint efforts in the community education and collaboration with county agencies.

Intellectual Disability/Developmental Disabilities

- Increase funding for CAI and CAG service for larger community population due to closure of state hospitals.
- Adequate bus trips to transport consumers to and from services.
- More MRWP consumer referrals.
- Support Coordinator training.
- Transportation for wheelchair consumers that is more accessible and timely.
- Affordable Housing or increased Subsidies.
- Services for children including Autism.
- Residential Programs.
- Inpatient Programs.
- Behavioral Analysis focused schools and treatment facilities.
- How to establish partnerships with service coordination
- Quicker turn-around for home licenses/provider number for established providers.
- Training for Employment Specialist.
- PCO training.
- Increased funding to address those on the waiting list and transitions from school to work.
- Additional funding for at least two levels of supervision, indirect costs of a nurse, behavioral specialist, and clerical support.
- Staffing ratios decreased to 1:7 in Day Services to allow for detail required in daily tracking note.
- Improve the system for crisis management of DD behavioral incidents and incorporate the ability for providers/families to implement or assist in implementation.
- Joint efforts in the community education and collaboration with county agencies.

Co-Occurring Disorders

- Provider Training.
- Joint efforts in the community education and collaboration with county agencies.
- Need mental health professionals who understand DD (community professionals) behavior challenges and better education for community physicians.
- Funding for counseling services.
- Services for dual diagnosed Behavioral Health/ Autism spectrum children and allow services to be provided as appropriate.
- Less punitive stance when providers serve those individuals with co-occurring diagnosis in an effort to link to the community resources and strengthen family supports since there are some providers who are refusing to see children with co-occurring diagnosis.
- Support during APS audits when recoupment is an issue for providing services to children who have co-occurring disorders.

Policy implementation or modifications

- Improve APS authorization process
- Treatment plan trainings from APS that would give specifics of what they want to see in the treatment plans. (It changes every year).
- Collaborative spirit of cooperation between Regional office staff and providers (many requests by Regional office staff are difficult to meet due to on-going implementation of BHCC, community supports and other agency growth and concerns; CARF/EMR).

- Training and Support on the MICP requirements to reduce the number of MICPS placed on review if indeed provider error.
- Assistance with insurance companies who will not authorize LOC needed/ordered by doctor.
- Overhaul support coordination.
- Policy regarding timeframe for assessing new intakes and timeline for waiver of standards to be completed.
- Funding for psychological assessment/IQ testing for indigent consumers.
- Provider ability to provide and bill for wrap around MH and DD Case Management, as well as counseling services in lieu of CSB's.
- More services and funding for autism.
- Funding that supports integrated services over facility based services.
- Change the prohibition against providing CAI and GAG during evening and weekends.
- Training to providers on policy changes to assure timely implementation.
- All Regions on the same page with interpretation of DBHDD/HFR guidelines.
- Clearly defined guidelines for proxy care.
- Correct forms and complete guidelines on the DBHDD website-provider applications/change of address.
- Combine ALL EROs audit requirements in one auditing tool to be used by DBHDD. Help streamline the number of ERO's and different requirements. The audit process is hurried and often times appealed, which is costly and could be resolved while on site.
- More of a focus on C&A services and support need for active role in providing quality services by quality providers and levy significant measures for those found in violation of contract deliverables.
- Recognize the lack of services to those children with dual diagnosis and assist the community in developing policies to encourage community involvement by other providers and partners.
- Stop mandating providers discharge dual diagnosed consumers to a referral source that has a waiting list and is not able to meet the needs of the consumer and the family.
- Stop duplication of services and standards throughout the provider manual. Example requiring a single treatment plan and orders for services when they can be one and the same.

SECTION 4: PRIORITIES FOR FY16

1. TARGET POPULATION - Adults with Serious Mental Illness.

SERVICE PRIORITY

- Reduce the number of admissions to State Operated Hospitals by 50%.

RATIONALE

- The CSBs in Region began operation of 3 new Behavioral Health Crisis Centers (BHCCs) starting in FY14. The startup of these programs has been challenging given the need for them to serve more acutely involved individuals as opposed to referring them to State Hospitals. As the BHCCs mature and become more accustomed to being the "first choice" for psychiatric crises, we anticipate a reduction in the use of State Hospital beds for Region 4. With that in mind, we will generate baseline hospital utilization data for the Region and CSB service area for FY14. For FY15, we will set a target of reducing hospital utilization by 50%.

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

SERVICE PRIORITY

- Improving access to C&A Crisis Stabilization services for Region 4.

RATIONALE

- Region 4 consistently receives complaints from a wide range of stakeholders about the difficulty in obtaining crisis care for children and adolescents. Based on the availability of Crisis Stabilization beds for the C&A population, access for those in need to the available facilities is a minimum of 3 hours away. That creates significant hardships on the consumer, families, and those making referrals. Long waits for children in emergency rooms is the norm. With that in mind; Region 4 will advocate for better access to these services, including the possibility of beds in closer proximity.

3. TARGET POPULATION - Persons with Developmental Disabilities.

SERVICE PRIORITY

- Develop a specialized protocol for development of residential placements for individuals with complex medical conditions.

RATIONALE

- Region 4 is being challenged to develop residential placements for individuals with very complex medical needs. Most of these individuals are those transitioning to the community for ICF-MR or Skilled Nursing facilities. Due to the complex needs of the individuals served, the Region is planning for development of such placements very differently than it has done in the past. Therefore, it would seem wise to a Regional protocol that outlines the expectations and requirements for providers relative to home development for this target population. The protocol will list specific requirements for medical/nursing protocols, nursing oversight, monitoring and documentation, data tracking requirements, adequate staff support, minimum requirements for licensed staff (i.e., RNs/LPNs) and plans for self-monitoring and reporting. Potential providers

would have agreement in writing to the requirements before any consideration is given to said provider serving target population consumers.

4. TARGET POPULATION - Adults with Addictive Diseases

SERVICE PRIORITY

- Increase residential treatment capacity in Region 4.

RATIONALE

- In FY13, Region 4 was forced to close a residential treatment program as part of the larger plan to develop and operate a Behavioral Health Crisis Center in Thomasville. The result of that change was a reduction of 20 beds which is having an adverse effect on waiting lists for short-term residential treatment. The Region proposes to find resources to add 10 to 15 additional residential treatment beds in FY15/16.

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. This is a goal from the past plan that will continue for the FY16 Plan.

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 struggle to locate an appropriate provider to serve MHDD consumers who need to transition from our adult psychiatric or forensic units at the State Hospitals. In the past year, we have held conversations with a number of providers, but none have resulted in any movement toward development of the enhanced resources needed to serve this population. The Region still needs to recruit a specialty provider to develop a 4-person home to serve the MHDD through the Home and Community Based COMP Waiver.