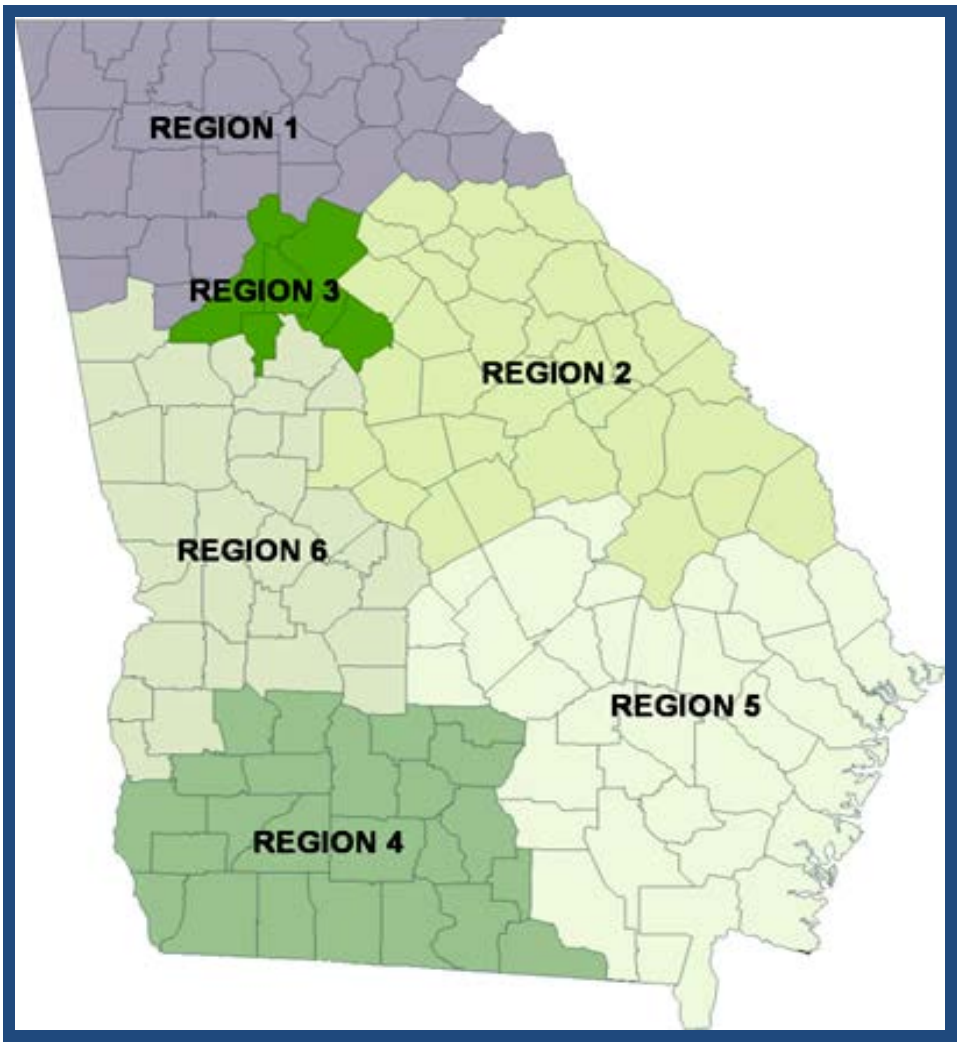
DBHDD REGION FIVE PLANNING BOARD: 2016 ANNUAL PLAN



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1. EXECUTIVE SUMMARY

The **Department of Behavioral Health and Developmental Disabilities** (DBHDD) Regional Planning Boards share the state's obligation and responsibility to plan service delivery systems that focus on a core set of consumer-oriented, community-based values and principles. Regional Planning Boards provide and facilitate coordinated and comprehensive planning for their regions in conformity with standards established by the DBHDD State Office and Georgia State Law (HB 228). DBHDD utilizes Regional Planning Boards to develop annual plans, which include identifying service needs, specifying service priorities and service gaps for their areas of the state.

The **Region 5 Regional Planning Board** gathers information about regional mental health, developmental disability, and addictive disease and prevention services and provides a comprehensive assessment of service priorities for the region. It focuses on long-range service system priorities that are person-centered, comprehensive, accessible, and adaptable to meet the needs of consumers and family members with a primary goal of supporting people adequately so they may either remain in or return to their local community with access to necessary services and supports.

Local needs for the 34 counties of Region 5 were assessed based upon feedback received through the completion of several needs assessment tools by people participating in MHDDAD services and family members, people interested in improving the lives of people with disabilities, law enforcement officers, educators and other health professionals; presentations made by provider organizations; and information gained from meetings with other social services agencies, judicial/legal representatives, faith-based organizations and school systems.

<u>During State Fiscal Year 2013 the following took place*:</u>

- Adults with Behavioral Health issues served = **15,831**
- Payments for Adult Behavioral Health services = **$21,134,079**
- Average paid per Adult Behavioral Health consumer = **$1,335**

- Child and Adolescents with Behavioral Health issues served = **2,860**
- Payments for Child and Adolescent Behavioral Health services = **$9,599,726**
- Average paid per Child and Adolescent Behavioral Health consumer = **$3,357**

In addition **2,870**** people with developmental disabilities were served in developmental disability programs.

*DATA SOURCE: APS Healthcare
** DATA SOURCE: DBHDD Office of Decision Support & Information Management

Challenges that need to be addressed include not only the demand for resources which surpasses the capacity, but also inherent systemic barriers that exist among public and private agencies. However, Region 5 is benefitting from the continued expansion of community based disability services as a result of the ongoing implementation of the ADA Settlement Agreement by DBHDD.

In **FY2015** the following mental health services/supports were added to Region 5 including; additional *state funded housing vouchers* and *bridge funding*, *intensive management services*, *case management staff*, and an *adult crisis stabilization unit*. For this same period resources continued to be expanded for people with developmental disabilities, including added *NOW/COMP waivers*, additional *Family Support* services, and movement of people off the planning lists into state funded and NOW/COMP waiver services.

There are a number of ongoing **interagency initiatives** in Region 5 intended to foster interagency partnerships, such as the SAMHSA Grant funded Emerging Adult Initiative (formerly known as the Healthy Transitions Initiative for young adults in Chatham County. Furthermore, accountability courts exist in Ware (**Adult Drug, Adult Mental Health Court**), Glynn/Camden/Wayne (**Adult Drug Court**), Liberty (**Adult Drug Court**), Laurens (**Adult Drug Court**), Bulloch (**Adult Drug, Adult Mental Health Court**), and Chatham (**Adult Drug, Adult DUI, Adult Mental Health, Family Preservation, Youth Mental Health Court**). In Chatham County a Jail Diversion Treatment Recovery program supported through a SAMHSA grant has grown in scope.

Through the use of survey tools made available throughout the region, the Region 5 Planning Board identified a number of gaps in services that need to be addressed. The **priority needs** for Region Five which are recommended in the 2015 Annual Plan are:

CHILDREN & ADOLESCENTS with SERIOUS EMOTIONAL DISORDERS

1. Access to **Family Support Groups**
2. Access to **Jail Diversion Programs**
3. Access to **Trauma Informed Services**
4. Access to **Peer Supports**

ADULTS with SERIOUS MENTAL ILLNESS

1. Access to **Trauma Informed Services**
2. Access to alternatives to hospitalization: **Crisis Beds**
3. Access to **Residential Support Services**
4. Access to **Peer Support** programs

PEOPLE with DEVELOPMENTAL DISABILITIES

1. Access to **Respite Services**
2. Access to In-Home Supports: **Community Living Supports**
3. Access to reimbursement for **Authorized Goods and Services**

ADULTS with ADDICTIVE DISEASES

1. Opportunities for **Community Re-Entry Programs** for those moving out of jails and prisons
2. Availability of **Jail Diversion Programs**
3. Access to **Supported Employment** opportunities
4. Access to **Trauma Informed Services**

ADOLESCENTS with ADDICTIVE DISEASES

1. Access to **Trauma Informed Services**
2. Access to **Family Support Groups**
3. Develop services for **Youth Transitioning into Adulthood**

SUBSTANCE ABUSE PREVENTION

1. Continue to support **Crisis Intervention Training** for Law Enforcement

INDIVIDUALS with MULTIPLE SERVICE NEEDS

1. Access to **Integrated Services** for people with all manner of co-occurring disorders that include access to primary health care

In addition, respondents identified top five (5) barriers to accessing community based services. Responses are as follows:

1. *Long waiting lists*
2. *Lack of insurance*
3. *Lack of technology (i.e. telemedicine) for underserved/rural areas*
4. *Public funding limitations/issues*
5. *Limited hours of operation by providers*

2. REGION FIVE DBHDD PLANNING BOARD MEMBERSHIP

Members of the Region Five Planning Board:

NAME	COUNTY	NAME	COUNTY	NAME	COUNTY	NAME	COUNTY
Pat Hailey	Appling	VACANT	Chatham	VACANT	Glynn	**Linda Banks**	Tattnall
VACANT	Atkinson	**Richard Oliver**	Chatham	VACANT	Jeff Davis	**Annie Crisp**	Telfair
Bonnie Napier	Bacon	VACANT	Chatham	VACANT	Johnson	**Joann Keitt**	Toombs
Jerry Sapp	Bleckley	VACANT	Chatham	**Bobbie Davis**	Laurens	VACANT	Treutlen
VACANT	Brantley	VACANT	Chatham	VACANT	Liberty	**Michael Davis**	Ware
Windy Sims	Bryan	**Mavis Trowell**	Clinch	VACANT	Liberty	**Beth Roach**	Wayne
VACANT	Bulloch	**Harry Cohen**	Coffee	VACANT	Long	VACANT	Wheeler
VACANT	Bulloch	**Dana Brown**	Dodge	VACANT	McIntosh	VACANT	Wilcox
Merry Raber	Camden	**Lucy Powell**	Effingham	VACANT	Montgomery		
VACANT	Candler	VACANT	Evans	**Stephanie Bell**	Pierce		
Willie Williams	Charlton	**Laura Johnson**	Glynn	**Buddy Leach**	Pulaski	Filled Seats: 20 Vacant Seats: 21 Total Seats: 41	

3. DESCRIPTION of REGION

**Data sources used for this section include U.S. Census Bureau, 2011 County Population Estimates, (cc_est2012), released June 2013. Per Capita Income: Bureau of Economic Analysis, U.S. Department of Commerce, (CA1-3 Personal Income Summary Estimates, 2012) released: 11/21/2013. NOTE: Region Total Per Capita Income was a calculated average of counties in region.*

Region 5 has a land mass of 15,128 square miles and covers 26% of the entire state. The region includes 34 counties of southeast Georgia. Primary industries include agriculture, recreation and tourism. According to the 2011 Census, the population of the region is 1,109,555 people, which represents 11% of the total state population.

Overall population density for the region is significantly smaller than the density of the State of Georgia. The largest city in the region is Savannah, which has a population of 142,022. The largest county in the region is Chatham, which has a population of 276,434. The second largest county is Glynn, which has a population of 81,022.

The poverty level in the region is higher than the average for Georgia or the United States. In Region 5 43% of the population falls below of the 200% poverty level, compared to 37.7% for the state. **Of the 34 counties in the region, 29 counties have 40% or more of their total county population that is below 200% of Poverty.**

In addition, nearly all counties in Region 5 are designated as **Health Professional Shortage Areas** for Mental Health Professionals and **Medically Underserved Areas** (residents have a shortage of personal health services) by the US Department of Health & Human Services, Health Resources & Services Administration (HRSA 2012). A significant challenge to providers of mental health, addictive disease developmental disabilities continues to be the significant difficulty to recruit and retain licensed and credentialed professionals. Georgia Regional Hospital/Savannah, located in Savannah, is the designated DBHDD state hospital for Region Five. Children and adolescents who have high acuity are served in a state operated Crisis Stabilization Unit (Lakeside CSU) outside of Savannah.

The Federal Center for Mental Health Services (CMHS) estimates the prevalence rate of severe mental illness (SMI) within the adult population to be 5.4 percent, indicating **41,673** adults in Region 5 have a SMI. During FY 2013 the number of adult consumers with SMI served within Region 5 was **15,165**, resulting in a penetration rate of **36.4%**, compared to a state average penetration rate of **32%**.

The estimated prevalence rate for Children and Adolescents with Severe Emotional Disorders (SED) is 8.0%, indicating **10,698** youth in Region 5 have a SED. During FY 2013 the number of youth with SED served within Region 5 was **2,264**, resulting in a penetration rate of **21.2%**, compared to the state average penetration rate of **20%**.

The estimated prevalence rate for Adults with Substance Abuse is 8.5%, indicating **65,596** adults in Region 5 have Substance Abuse issues. During FY 2013 the number of Adults with Substance Abuse served within Region 5 was **5,165**, resulting in a penetration rate of **7.9%**, compared to the state average penetration rate of **5.1%**.

The estimated prevalence rate for Adolescents with Adolescents with Substance Abuse is 8.5%, indicating **7,615** teens in Region 5 have Substance Abuse issues. During FY 2013 the number of teens with Substance Abuse issues served within Region 5 was **101**, resulting in a penetration rate of **1.3%**, compared to the state average penetration rate of **1.0%**.

The estimated prevalence rate for people with Developmental Disabilities is 1.8%, indicating 19,970^ people in Region 5 have a Developmental Disability. During FY 2013 the number of people with a Developmental Disability who were served within Region 5 was 2,870, resulting in a penetration rate of 14.4%^, compared to the state average penetration rate of 12.7%^.

^NOTE: There is no definitive way to determine the estimate of the number of people with Developmental Disabilities who need services from these prevalence figures because it cannot be assumed that every Georgian with a developmental disability would meet eligibility criteria for DD services.

4. ASSESSMENT of REGIONAL NEEDS

In Region 5 DBHDD continued to implement deliverables outlined in the **ADA Settlement Agreement** in fiscal year 2015.

FY2015 Developmental Disabilities

- 150 Waivers for persons in state hospitals (Statewide)
- 100 Waivers for persons in the community (Statewide)
- 500 additional persons in Family Support services (Statewide)

FY2015 Serious and Persistent Mental Illness

- 3 Intensive Case Management teams (+2)
- 3 Case Management services
- 1 Crisis Stabilization Unit (+1)
- 2000 in State Funded Housing (Statewide)
- 550 in Supported Employment (Statewide)
- 18 Crisis Apartments (Statewide)
- 34 counties served by Mobile Crisis Teams (+15)

The Region Five Planning Board values and supports the design and implementation of a comprehensive community-based continuum of mental health, developmental disability, addictive disease and prevention services that afford people the best possible opportunity to live self-sufficient, resilient and meaningful lives. The Region 5 Office will continue to focus on promoting choice for individuals within a network of qualified providers that utilize recovery-based principles through the provision of person centered, individualized treatment and support services.

Region 5 Planning Board members identified needs and priorities for the fiscal year 2015 planning process by gathering information through the use of survey tools from multiple sectors in their respective counties, including law enforcement agencies, faith based organizations, public officials, school systems, advocacy groups, community members, participants, families, and the general public. Feedback was obtained through individual meetings, presentations at Planning Board meetings and through Community Forums organized by the Regional Planning Board.

The Regional Office received additional feedback from planning board members, disability providers, and the public at large during planning board meetings. Providers had additional opportunities to communicate with the Region 5 Office during bi-monthly provider meetings. Finally U.S. Census Bureau and U.S. Department of Commerce data was important in assessing needs.

5. REGIONAL PLANNING BOARD PRIORITIES

A. Children and Adolescents with Serious Emotional Disturbance

Service Priority A

There is a need for youth and families to have access to **Family Support Groups**.

Rationale

Family Support groups provide preventive, natural-support oriented resources for youth who engage in problematic behaviors which can divert unnecessary use of facility based services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated and facility based resources have been utilized.

Service Priority B

Improve access to **Jail Diversion Programs**.

Rationale

Criminalizing youth with serious emotional disturbances creates multiple additional challenges, including increased exposure to trauma and vulnerability to abuse, reduced treatment and service options, increased subsequent incidence of homelessness & co-occurring substance use disorders.

Service Priority C

Improve access to **Trauma Informed Services**.

Rationale

Reactions to traumatic events have the potential to lead to chronic health & behavioral health conditions, as well as unnecessary contact with the criminal justice system. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

Service Priority D

Improve access to **Peer Supports**.

Rationale

Peer Supports provide powerful opportunities for youth with serious emotional disturbances to develop meaningful relationships with those who share similar lived experiences.

B. Adults with Serious Mental Illness

Service Priority A

Improve access to **Trauma Informed Services**.

Rationale

Reactions to traumatic events have the potential to lead to chronic health & behavioral health conditions, as well as unnecessary contact with the criminal justice system. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

Service Priority B

Expand availability of access to alternatives to hospitalization: **Crisis Beds**.

Rationale

Many people who experience an acute behavioral health crisis event need only a short period of time to be stabilized before they are ready to return back to their local community. Crisis Beds offer people the chance to remain in their local communities with receiving needed services and afford their natural support systems greater opportunity to participate in transition plans.

Service Priority C

Expand access to **Residential Support Services**.

Rationale

People with serious mental illness who are transitioning from state hospitals and other institutions may require levels of community based residential supports that allow them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed when they move to levels of greater independence.

Service Priority D

There is a significant need for expanded access to **Peer Support** programs.

Rationale

Peer Supports provide powerful opportunities for people with serious mental illnesses to develop meaningful relationships with those who share similar lived experiences.

C. Persons with Developmental Disabilities

Service Priority A

Increase access to **Respite Services**.

Rationale

Periodically people need to have a break from each other. Family caregivers and people with developmental disabilities are no different. Access to respite services allows caregivers to participate in activities/events that may not include the person with developmental disabilities or there may be periods of increased tension that warrant a cooling off period for all parties. Without access to Respite Services there is little or no opportunity for times of high stress to be defused and little or no opportunity for caregivers enjoy lived experiences that might not involve the person they're caring for. Over time this will lead to burn out which can ultimately lead to caregivers seeking permanent out of home placement options as their only mechanism to address chronic pressures that have remained unresolved.

Service Priority B

Expand access to In-Home Supports: **Community Living Supports**.

Rationale

People are able to live in their own communities if they have access to adequate in home supports. Settings may include family homes or apartments Individuals are involved in activities that will lead them to greater independence and more control of their lives.

Service Priority C

Expand access to reimbursement for **Authorized Goods and Services**.

Rationale

The provision of family directed goods and services help keep families together until the individual with a disability chooses to live independently; enhance a family's ability to meet the many needs of the family member with a disability; improve the quality of supports to families while minimizing the need and cost of out-of home placement and to allow families to participate in recreational and social activities; and make a positive difference in the life of the person with a disability as well as the lives of all family members.

D. Adults with Addictive Diseases

Service Priority A

Support the development of opportunities for **Community Re-Entry Programs** for those who are moving out of jails and prisons.

Rationale

A significant portion of people who are incarcerated have addictive diseases. Comprehensive community based supports help them to acclimate to community living and help them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn necessary life skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed in their local communities and reduce the likelihood of relapse.

Service Priority B

Increase availability of **Jail Diversion Programs**.

Rationale

Jail Diversion is an alternative sentencing program for non-violent drug and alcohol offenders. It is the preferred approach for non-violent offenders because it enables them the chance to keep their job, support their family, be a productive member of society, avoid unnecessary jail or prison time, expunge their record if they complete recommended treatment, and reclaim their life.

Service Priority C

Expand access to **Supported Employment** opportunities.

Rationale

SAMHSA provides a working definition of Recovery: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”. One dimension that supports a Life in Recovery is Purpose. Purpose includes “Meaningful Day activities such as a job, volunteerism” and other activities that support one’s “independence, income and resources to participate in society”.

Service Priority D

Improve access to **Trauma Informed Services**.

Rationale

Victims of trauma are more vulnerable and likely to experience substance abuse than the general population. People who abuse substances can more easily be re-traumatized because of impaired decision making. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

E. Adolescents with Addictive Diseases

Service Priority A

Improve access to **Trauma Informed Services**.

Rationale

Victims of trauma are more vulnerable and likely to experience substance abuse than the general population. People who abuse substances can more easily be re-traumatized because of impaired decision making. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

Service Priority B

There is a need for youth and families to have access to **Family Support Groups**.

Rationale

Family Support groups provide preventive, natural-support oriented resources for youth who engage in problematic behaviors which can divert unnecessary use of facility based services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated and facility based resources have been utilized.

Service Priority C

Develop services for **Youth Transitioning into Adulthood**.

Rationale

Young adults with substance abuse issues are less likely to complete secondary school compared to their peers without disabilities. Often their failure to complete school can be attributed to their disorders and once out of high school they typically experience higher unemployment rates.

F. Substance Abuse Prevention

Service Priority A

Continue to support **Crisis Intervention Training** for Law Enforcement.

Rationale

This program provides law enforcement based crisis intervention training for helping those individuals with mental illness. It works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers.

G. Individuals with Multiple Service Needs

Service Priority A

Provide access to **Integrated Services** for people with all manner of co-occurring disorders that include access to primary health care.

Rationale

People with disabilities who do not have adequate access to medical services are at risk for a range of negative health outcomes, including decreased life span (Adults with serious mental illness who are treated in public mental health systems die about 25 years earlier than Americans overall); higher risk of inadequately treated chronic medical conditions; and greater risk of incidence of acute medical episodes.