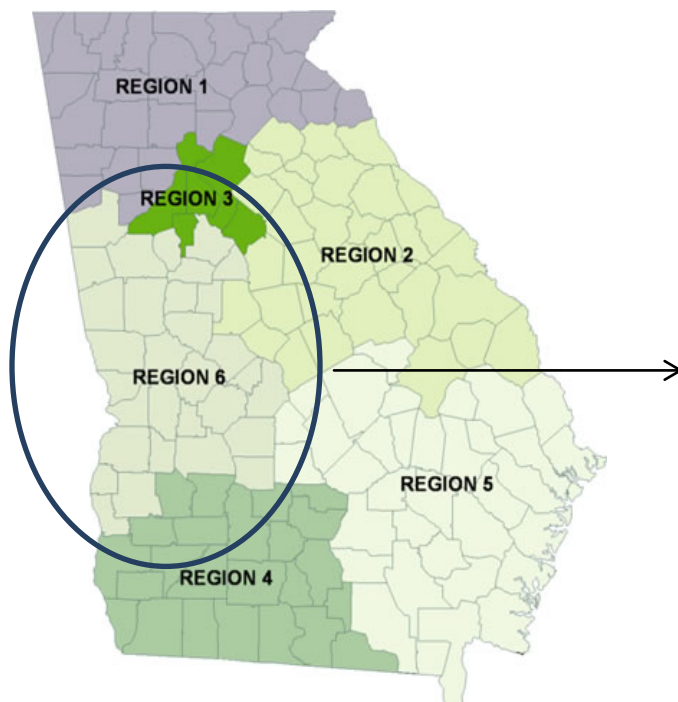


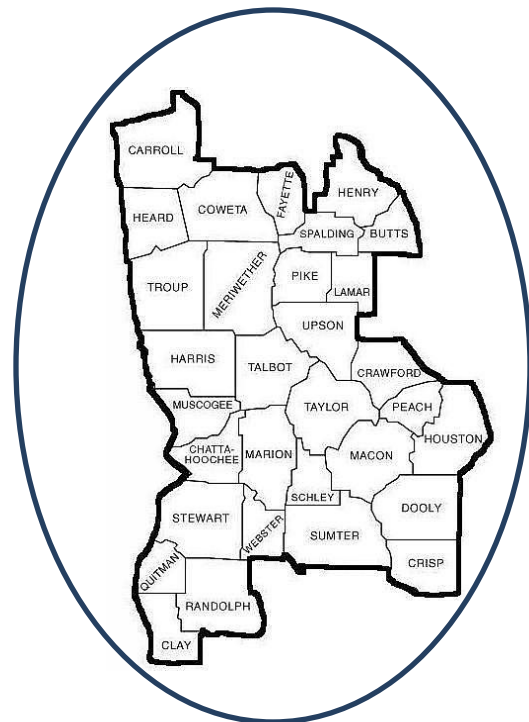
REGION 6 ANNUAL PLAN FISCAL YEAR 2016

Prepared by Region 6 Planning Board and Staff

Prepared for the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)



Location of Region 6 in State



31 Counties in Region 6

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1. Executive Summary

We, Region 6 staff and planning board members, proudly present our Annual Plan for Fiscal Year 2016 (FY16).

The preparation of this document was a collaborative effort of stakeholders, staff, and the planning board of Region 6. In 2013, input was gathered from community stakeholders throughout the Region including DBHDD service users and their families; providers; professionals in law enforcement, education, and health care; elected officials; advocates, and the general public.

The tools used for our collaborative efforts included surveys, public forums, observations, interviews, meetings, and bi-monthly board meetings open to the public and providers.

Our Region and Services

Region 6 serves 31 counties in west-central Georgia. With a population of 1.37 million, Region 6 ranks third among the six DBHDD regions.

Two-thirds of the Region’s population live in small towns and rural areas. The remaining one-third live in one of eight cities with populations greater than 22,000.

Poverty is one of the major demographic concerns of Region 6. According to the 2010 U.S. Census Bureau, 21 of the region’s 31 counties have an average poverty level that is greater than the national average.

The Region 6 DBHDD Office (Region 6 Office), headquartered in Columbus, plans and oversees a network of mental health, developmental disabilities, and addictive disease and prevention services.

To administer these services, the Region is divided into five service areas and holds contracts with five Community Service Boards (CSBs). Figure 1, below, identifies these service areas, CSBs, and the CSBs’ counties of operation.

FIGURE 1: SERVICE AREAS, COMMUNITY SERVICE BOARDS, COUNTIES OF OPERATION

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

The Department of Behavioral Health and Developmental Disabilities (DBHDD) mission statement is to

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.

The Region 6 Planning Board works with the region's staff and stakeholders to fulfill this mission. Membership on the board is open to all 31 counties, with members appointed by their respective County Commission. The number of representatives from each county, ranging from 1-5, is based on the County's population.

As of February 2014, 48 membership positions on the Planning Board were available and 33 were filled. A complete listing of the Planning Board membership is on Page 7 of this document.

Region 6 Priorities for FY16

As a result of the planning process, the Region 6 Planning Board identified priorities for FY16 in four areas: adult mental health, adult addictive diseases, children and adolescents with serious emotional disturbance/addictive diseases, and individuals with developmental disabilities. The priorities for each of these areas are as follows:

Adult Mental Health

- Increase transportation services and supports in rural areas.
- Increase the availability of intensive and semi-independent residential supports.
- Increase supported employment.
- Increase the number of crisis stabilization beds.

Adult Addictive Diseases

- Increase the availability of and placement in Ready-for-Work programs.

Children and Adolescents with Serious Emotional Disorders/Addictive Diseases

- Increase transportation services and supports in rural communities.
- Expand education of community stakeholders about availability and access to community services for children and adolescents.
- Expand intensive community-based care models.

Individuals with Development Disabilities

- Increase the number of individuals receiving new options and comprehensive support waivers.
- Increase number of supported employment programs and providers.
- Establish community education and supports for individuals with co-occurring mental health issues and developmental disabilities.
- Increase the number of crisis and emergency respite beds.
- Increase the availability of transportation services and supports in rural areas.
- Increase the ratio of quality service providers.
- Streamline the process for approving waiver services for people on the planning list.
- Increase supports for individuals with autism and their families.

Figure 2: Region 6 Planning Board Members (February 2014)

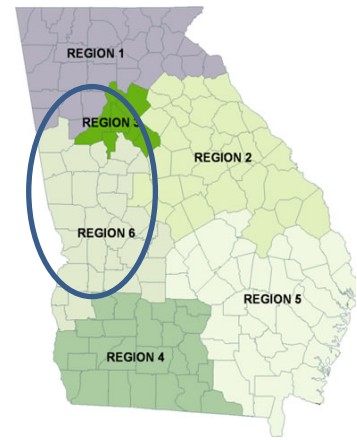
	County	Board Member		County	Board Member
1	Butts	Mallory, Sheila Board Secretary	25	Houston	To Be Appointed
2	Carroll	Allen, Tommy	26	Lamar	McHan, Katherine
3	Carroll	Cason, Betty	27	Macon	To Be Appointed
4	Carroll	Chibbaro, Julia	28	Marion	Page, Mary Jo
5	Chattahoochee	To Be Appointed	29	Meriwether	Collins, Teresa
6	Clay	Hubbard, Curtis L.	30	Muscogee	Barnwell, Edward
7	Coweta	Belmonte, Neydi	31	Muscogee	Dunford, Frank
8	Coweta	Smith, Sandra	32	Muscogee	Stacy, Tiffani
9	Coweta	To be Appointed	33	Muscogee	To Be Appointed
10	Crawford	To Be Appointed	34	Peach	To Be Appointed
11	Crisp	McGill, Cathy	35	Pike	King, Glynda
12	Dooly	To be Appointed	36	Quitman	To Be Appointed
13	Fayette	Begg, Jackie	37	Randolph	Andrews, James
14	Fayette	Cheyne, Irene	38	Schley	To Be Appointed
15	Fayette	Herbert, Sharon	39	Spalding	Jackson, Geraldine
16	Harris	Boelter, Claudette	40	Spalding	Roberts, Marilyn
17	Heard	Brown, Keith	41	Stewart	To Be appointed
18	Henry	Craig, Angela	42	Sumter	Kitchens, L. David Board Chair
19	Henry	Kuhns, Amy	43	Talbot	Walker, Sher'Londa
20	Henry	Risher, Jim	44	Taylor	Jones, Joni
21	Henry	To Be Appointed	45	Troup	Arrington, Patrick
22	Henry	To be appointed	46	Troup	Miller, Dave
23	Houston	Harn, LaVonne Board Vice-Chair	47	Upson	Carriker, George E.
24	Houston	To Be Appointed	48	Webster	To Be Appointed

2. Description of Region 6

The 31 counties in DBHDD’s Region 6 are located in the middle portion of west-central Georgia.

With a population of 1,374,765, Region 6 makes up 14 percent of the Georgia’s total population of 9,915,646.¹ Region 6 ranks third in population among the six DBHDD regions.

Two-thirds of the Region’s population live in small towns and rural areas. The remaining one-third live in one of eight cities with populations greater than 22,000. Figure 3, below, identifies these cities and their respective population.



Region 6

Figure 3: Cities with Populations Over 22,000

City	Population
Columbus	198,413
Warner Robins	66,588
Peachtree City	34,622
Newnan	34,174
LaGrange	30,478
Carrollton	24,958
Griffin	23,389
McDonough	22,599

Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

Region 6 covers 9,822 square miles with an average population density of 140 residents per square mile compared to the state average of 168 residents per square mile.² The majority of Region 6 residents live in rural areas.

Poverty is one of the major demographic concerns of Region 6. According to the 2010 US Census Bureau, 25 of the 31 counties (81%) in Region 6 have an average poverty level that is greater than the national average. Four of these counties have poverty levels greater than 2x the national poverty level. Figure 4, on Page 9, shows the percentage of regional poverty by service area.

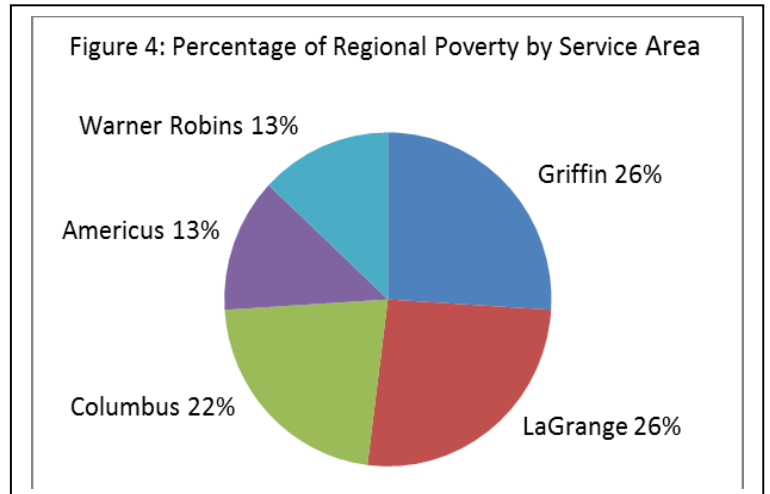
¹ Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

² Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

The Griffin and LaGrange service areas have the highest percentage of the regional poverty level. Together, these two service areas account for 52% of Region 6's poverty.

In the Columbus service area, two counties are the poorest in the entire region and four of the eight counties are among the poorest in the region.

The Region 6 DBHDD office, headquartered in Columbus, is responsible for a network of mental health, developmental disability, and addictive disease services.



To administer these services, the Region is divided into five service areas: Americus, Columbus, Griffin, LaGrange, and Warner Robins. Figure 5, below, highlights the diverse size, population, and density among these service areas.

FIGURE 5: REGION 6 SERVICE AREAS AND RELATED DEMOGRAPHICS

Service Area	Community Service Board	Population	Sq Miles	Pop./sq. mile
Americus	Middle Flint	108,655	2678	41
Columbus	New Horizons	269,406	2,512	107
Griffin	McIntosh Trail	466,463	1,630	286
LaGrange	Pathways	343,883	2,149	160
Warner Robins	Phoenix	186,358	853	218
Region 6 Total		1,374,765	9,822	140

Source: US Census Bureau, 2012 population estimate <quickfacts.census.gov>

Region 6 holds contracts with five Community Service Boards (CSBs). Figure 6, below, identifies the specific counties served by each of these CSBs. A few counties in the Griffin and LaGrange service areas are served by two CSBs.

FIGURE 6: COUNTIES SERVED BY REGION 6 COMMUNITY SERVICE BOARDS

CSB	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	LaGrange	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Phoenix	Warner Robins	Crawford, Houston, Peach

Region 6 also holds contracts with three private providers of specialty services for adults with behavioral health disorders. Figure 7, below, identifies these providers, their services, and their counties of operation.

FIGURE 7: PRIVATE PROVIDER AGENCIES AND RELATED SERVICES

Private Provider	HQ	Services	Counties of Operation
American Work	Columbus	ACT, Core, Supported Employment, Supported Housing	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

Region 6 holds contracts with four adult Crisis Stabilization Units (CSUs). These units are identified in Figure 8 below.

FIGURE 8: CRISIS STABILIZATION UNITS

Provider	Location	Contracted Beds
Bradley Center	Columbus	24
McIntosh Trail	Barnesville	16
Pathways	Lagrange	24
Phoenix	Warner Robins	14
Total Number of CSU Beds		78

A total of 78 beds means that Region 6 has one CSU bed for every 37,538 residents.

Additionally, Region 6 holds contracts with four private hospitals for a total of 15 adult inpatient treatment beds. Figure 9, below, lists these hospitals.

FIGURE 9: PRIVATE HOSPITAL CONTRACTS

Provider	Location
Anchor Hospital	Atlanta
Bradley Center	Columbus
Crescent Pines	Stockbridge
Tanner Medical Center	Carrollton

Children and adolescents who have high acuity are served in the 12-bed children and adolescent CSU operated by Pathways in Greenville, Georgia.

3. Assessment of Regional Needs

The mission statement of the Department of Behavioral Health and Developmental Disability's (DBHDD) is as follows:

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.

Region 6 stakeholders—residents, providers, elected officials, law enforcement, education, individuals and their families who need or use services, and advocates—are working to maintain and improve a system that fulfills this mission.

We want to provide the services and support needed by the core customers of our region's DBHDD. The main focus of these services and support is housing, transportation, employment, and health care.

Our vision is a system of care with an array of services that use evidence-based practices and are

- Responsive
- Flexible
- Comprehensive
- Effective
- Accessible
- Integrated

In order to achieve our mission and vision, the Planning Board will help DBHDD Region 6 identify a strategy for building a community-based spectrum of behavioral health and developmental disability services and support. We want individuals to live their lives in our communities and as free as possible from the disabling effects of their conditions. We want to promote choices among a network of providers that are dedicated to each individual's quality of life.

To assist in identifying needs and priorities for FY16, Region 6 planning board members and staff solicited information from county commissioners, law enforcement, public officials, community members, individuals in services and their families, providers, and the general public.

Our public involvement tools included surveys, public forums, observations, interviews, meetings, and bi-monthly board meetings open to the public and providers. The survey and forum input is included in Appendix A.

As a result of this planning process, the following needs were identified for FY16:

Adult Behavioral Health

- Address transportation needs in rural areas
- Provide additional supportive housing
- Provide additional supported employment slots
- Provide more crisis respite
- Increase free training opportunities for providers
- Provide more community crisis beds
- Expand the Ready-for-Work supported employment programs
- Increase Crisis Stabilization Unit (CSU) and private inpatient beds
- Create more access to peer services
- Improve collaboration between DBHDD and law enforcement
- Improve collaboration between DBHDD and Vocational Rehabilitation

Children and Adolescent Behavioral Health

- Address transportation needs in rural areas
- Reduce Crisis Stabilization Unit (CSU) and Psychiatric Residential Treatment Facility (PRTF) admissions by expanding community education on early intervention and service access
- Expand intensive community-based care models
- Develop more respite beds
- Improve discharge planning from Crisis Stabilization Units (CSUs)

Developmental Disabilities

- Create additional funding for New Options, Community Habitation, and Comprehensive Support waivers
- Increase number of supported employment programs and providers
- Establish community education and supports for individuals with co-occurring behavioral health and developmental disabilities
- Increase support groups for individuals with autism and their families

Continued on the next page

- Increase the availability of crisis beds and emergency respite for children and adolescents
- Address transportation needs in rural communities
- Increase the number of qualified providers
- Streamline the process for approving waiver services for individuals on the planning lists

General Comments

- Develop more National Alliance on Mental Illness (NAMI) chapters
- Streamline services for youth who are aging out of school, Department of Family and Children Services (DFCS), etc.
- Expedite the intake and evaluation process for development disability services
- Reduce barriers to Medicaid eligibility and/or increase access to developmental disability services for individuals who do not have Medicaid

4. Regional Planning Board Priorities

The regional planning board priorities for FY16 are subdivided into the following four sections:

- I. Adult mental health
- II. Adult addictive diseases
- III. Children and adolescents with serious emotional disorders/addictive diseases
- IV. Individuals with developmental disabilities

I. Adult Mental Health

Region 6 has an estimated population of 51,278 adults with Serious and Persistent Mental Illness (SPMI).³ In 2012, 16,899 of these individuals received DBHDD

³ Serious and Persistent Mental Illness (SPMI), also referred to as Serious Mental Illness (SMI), applies to severe or recurrent mental illness in adults. Adults with serious mental illness are the target population in the ADA settlement agreement.

services. This service ratio of 33% is slightly higher than the state average of 32%.⁴

To increase services to adults with serious and persistent mental illness, Region 6 has identified four priorities for FY16:

- A. Increase transportation services and supports in rural areas.
- B. Increase the availability of intensive and semi-independent residential supports.
- C. Increase supported employment.
- D. Increase number of crisis stabilization beds.

SPMI Service Priority A

Increase transportation services and supports in rural areas.⁵

Rationale

Rural communities face two important transportation-related barriers in accessing mental health services: (1) few counties provide public transportation and (2) many rural counties do not have clinics, so residents must travel significant distances to other communities to access professional services.

Without access to mental health services, an individual's psychiatric condition is more likely to deteriorate. This often leads to:

- Loss of stable housing and employment.
- Greater utilization of expensive emergency room services.
- Greater incidence of contact with law enforcement yielding criminal charges. These charges further limit an individual's housing and employment options.
- Overburdening family members and the community. The increased burden on family and community often results in support systems losing their ability or willingness to provide support.

⁴ Appendix B is a Region 6 county-by-county comparison of estimated need to consumers served for adults with serious and persistent mental illness in 2012.

⁵ Supports DBHDD FY11 priority to maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's Olmstead v/s L.C. decision.

SPMI Service Priority B

Increase the availability of intensive and semi-independent residential supports.⁶

Rationale

Throughout Region 6 there is a significant lack of community housing options and residential services for individuals with severe and persistent mental illness. This results in increased jail and prison populations, increased homelessness, and increased use of emergency rooms for crisis intervention.

Stable housing is a cornerstone in successful recovery. Without housing, individuals with severe and persistent mental illness are especially vulnerable:

- They are less likely to take medications and participate in treatment services. Often this leads to psychiatric destabilization and subsequent law enforcement intervention.
- They are at a greater risk of harm. Homeless individuals with chronic mental illness suffer more crimes against their person.

Increasing the availability of intensive, semi-independent and independent residential supports means expanding both brick and mortar housing in communities and increasing residential provider services. This is possible through multiple avenues:

- Increased state funding by DBHDD in the form of housing supplements and the Georgia Housing Voucher Program.
- Increased federal funding to the Shelter + Care, Permanent Supportive Housing, Section 8 Housing Choice Vouchers, 811 Housing, and Emergency Shelter Grant programs.

⁶ Supports DBHDD FY11 priority to increase consumer employment and self sufficiency. Responds to the U.S. Supreme Court's decision in *Olmstead v/s L.C.* that all individuals whose disability does not necessitate continued hospitalization be moved from state hospitals to community services.

SPMI Service Priority C

Increase supported employment.⁷

Rationale

Supported employment assists individuals with job development, placement, and training. In 2013, Region 6 contracted with six agencies to provide 176 supported employment slots. These six agencies cover four of the Region’s five service areas. The Warner Robins service area, which includes Crawford, Houston, and Peach counties, does not have supported employment services. The six agencies and their service areas are identified in the Figure 10 below.

Figure 10: Region 6 Supported Employment Providers

Provider	Slots	Service Area
American Work	25	Muscogee, Quitman, Randolph, Stewart, Talbot
Briggs & Associates	83	Carroll, Coweta, Fayette, Harris, Heard, Henry, Meriwether, Muscogee, Troup
Middle Flint	20	Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster
New Horizons	20	Clay, Chattahoochee, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
McIntosh Trail	10	Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson
Pathways	20	Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson
Total	176	

All six contracted agencies use the Individual Placement and Support (IPS) model of Supported Employment. This model, which includes rapid job placement, no-exclusion criteria, and integration with behavior health treatment, is an evidenced-based program that has been well researched and defined.

SPMI Service Priority D

Increase number of crisis stabilization beds.

Rationale

In 2013, Region 6 increased its crisis stabilization beds to 78 distributed among four Crisis Stabilization Units (CSUs).⁸ In addition, Region 6 contracted with four private hospitals to provide in-patient beds as needed for individuals who require treatment that cannot be obtained in a CSU and/or when the CSUs are full. Despite this increase, Region 6 has only one CSU bed per 37,538 adult residents.

⁷ Supports DBHDD FY11 priority to increase consumer employment and self sufficiency. Responds to the U.S. Supreme Court’s decision in *Olmstead v/s L.C.* that all individuals whose disability does not necessitate continued hospitalization be moved from state hospitals to community services.

⁸ Formerly referred to as the Crisis Stabilization Program

CSUs provide 24 hour, 7 day support for individuals with behavioral health issues requiring emergency stabilization services. These services include medication and illness management and community support mobilization. Stabilization services focus on short-term stays (ranging from 24 hours to 7 days) during which long-term community support connections are made.

II. Adult Addictive Diseases

Region 6 has an estimated population of 30,242 adults with addictive diseases. In 2012, 3,632 individuals received DBHDD services. This service ratio of 12.7% is slightly lower than the state average of 13.3%.⁹

To increase services to adults with addictive diseases (AD)¹⁰, Region 6 has identified the following priority for FY16.

AD Service Priority

Increase availability of and placement in Ready-for-Work programs.

Rationale

The Ready-for-Work program is a specialized evidence-based model that addresses a range of drug and alcohol addictions.

Ready-for-Work programs provide comprehensive addictive disease treatment for females who meet the Temporary Assistance to Needy Families (TANF)¹¹ requirements. A limited number of placements are available for non-TANF individuals who meet required criteria.

The Ready-for-Work program promotes employment, parenting skills, and other life skills. The program includes intensive outpatient treatment, independent living supports, and residential and transitional housing services.

III. Children and Adolescents with Serious Emotional Disorders/Addictive Diseases (SED/AD)

Region 6 has an estimated population of 16,188 children and adolescents (age 9-17) with severe emotional disturbance. In 2012, 3,394 of these individuals received DBHDD services. This service ratio of 22.4% is lower than the state average of 26.8%.¹²

⁹ Appendix C is a Region 6 county-by-county comparison of estimated need to consumers served for adults with substance abuse in 2012.

¹⁰ Addictive Diseases: *def.* the abuse of, addiction to, or dependence upon alcohol or other drugs; includes substance abuse.

¹¹ The Temporary Assistance to Needy Families (TANF) is the time-limited public support program which replaced Aid to Families With Dependent Children in 1997.

¹² Appendix D is a Region 6 county-by-county comparison of estimated need to consumers served for children and adolescents with serious emotional disorders in 2012.

In Region 6, only 98 of the estimated 71,135 adolescents (age 12-17) with substance abuse issues received DBHDD services. This service ratio of 0.9% is lower than the state average of 1.6%.¹³

To increase services to children and adolescents with severe emotional disturbance/addictive diseases, Region 6 has identified three priorities for FY16:

- A. Increase transportation services and supports in rural communities.
- B. Expand education of community stakeholders about availability and access to community services for children and adolescents.
- C. Expand intensive community-based care models.

SED/AD Service Priority A

Increase transportation services and supports in rural communities.

Rationale

Families in rural communities face two important transportation-related barriers in accessing mental health services: (1) few counties provide public transportation and (2) many rural counties do not have clinics, so residents must travel significant distances to other communities to access professional services. Poor families often lack the resources necessary for overcoming these barriers.

Without access to behavioral health services, children and adolescents with severe emotional disorders/addictive diseases are more likely to require admissions to Crisis Stabilization Units (CSUs) or Psychiatric Residential Treatment Facilities (PRTFs).

SED/AD Service Priority B

Expand education of community stakeholders about availability and access to community services for children and adolescents.

Rationale

Helping families and communities understand and access community services for children and adolescents will reduce admissions to Crisis Stabilization Units (CSUs) and Psychiatric Residential Treatment Facilities (PRTFs).

Region 6's addictive disease prevention specialist and the children and adolescent specialists will improve their knowledge of available community services and communicate this information to community stakeholders including school personnel, Department of Family and Children's Services (DFCS), Department of Juvenile Justice (DJJ), and juvenile law enforcement and court officials.

¹³ Appendix E is a Region 6 county-by-county comparison of estimated need to consumers served for adolescents with substance abuse in 2012.

SED/AD Service Priority C

Expand intensive community-based care models.

Rationale

This priority is to expand wrap-around services for children and adolescents in all 31 of the Region's counties. Wrap-around services include Intensive Family Intervention (IFI)¹⁴, case management, and other evidence-based practices to reduce out-of-home placements.

Whenever community out-patient services are limited or unavailable, families are more likely to seek out-of-home placements during crises and be more resistant to accepting the young person back into their homes. This priority seeks to reduce out-of-home placements for children and adolescents.

Region 6 will increase the use of system of care models such as the Local Interagency Planning Teams (LIPT). Quality system-of-care programs utilize proven therapeutic interventions and provide effective services to children and youth and their families within their own homes, schools, and communities.

IV. Individuals with Developmental Disabilities

Region 6 has an estimated population of 24,587 individuals who have developmental disabilities. In 2012, 2,411 of these individuals received DBHDD services. This service ratio of 9.8% is lower than the state average of 12.9%.¹⁵

To increase services to individuals with developmental disabilities and their families, Region 6 has identified eight priorities for FY16:

- A. Increase the number of individuals receiving new options and comprehensive support waiver services.
- B. Increase number of supported employment programs and providers.
- C. Establish community education and supports for individuals with co-occurring mental health issues and developmental disabilities.
- D. Increase the number of crisis and emergency respite beds.
- E. Increase the availability of transportation services and supports in rural areas.
- F. Increase the number of quality service providers.
- G. Streamline the process for approving waiver services for individuals on the planning list.
- H. Increase supports for individuals with autism and their families.

¹⁴ Intensive Family Intervention (IFI) is a clinical service provided for youth and families.

¹⁵ Appendix F is a Region 6 county-by-county comparison of estimated need to consumers served for persons with mental retardation and other developmental disabilities in 2012.

DD Service Priority A

Increase the number of individuals receiving new options and comprehensive support waiver services.¹⁶

Rationale

At the beginning of FY 2014, there were 850 individuals in Region 6 on the short and long-term planning lists for NOW/COMP waivers¹⁷. The number of individuals on these planning lists grows every day.

NOW/COMP waivers are part of the Medicaid system. Similar services are available through State Funded Services (SFS), but this funding restricts the availability and choice of providers. Approximately 200 of the 850 individuals on the planning lists receive SFS support.

DD Service Priority B

Increase number of supported employment programs and providers.¹⁸

Rationale

Geographically accessible employment opportunities are a way to help Region 6 individuals, both those currently enrolled in services and those on the planning lists, have more employment options. Meaningful work can lead to increased life satisfaction, sense of achievement, and independence.

Supported employment programs and providers are needed throughout Region 6, but especially in rural areas and with individuals who are transitioning out of high school.

As supported employment programs and providers increase, more support coordination will be needed to develop individual service plans. These service plans evaluate the participants' interests and capabilities and set specific objectives for each individual.

¹⁶ Supports DBHDD FY12 priority to increase the number of individuals receiving waiver services as required by the U.S. Supreme Court's Olmstead v/s L.C. decision.

¹⁷ New Options (NOW) waiver offers services and supports that enable individuals to remain living in their own or family home and participate in community life. Comprehensive Supports (COMP) waiver supports community living for individuals with developmental disabilities.

¹⁸ Supports DBHDD FY11 priority to increase consumer employment and self-sufficiency, as required by the U.S. Supreme Court's Olmstead v/s L.C. decision.

DD Service Priority C

Establish community education and supports for individuals with co-occurring mental health issues and developmental disabilities.

Rationale

Individuals with co-occurring diagnoses (mental illness and developmental disabilities) are underserved in Region 6. This is evidenced by calls for services to the Georgia Crisis Response System and the disproportionate number of individuals with co-occurring diagnoses who frequent jails and hospital emergency rooms. Communities need information and education on proper treatment and services to these individuals.

DD Service Priority D

Increase the availability of crisis and emergency respite beds.

Rationale

Quality stabilization and supports for individuals with developmental disabilities who are in crisis require adequate availability of crisis beds, emergency respite services, and unscheduled respite services.

Currently Region 6 resources are limited to eight crisis beds and two emergency respite beds. Region 6 will work with community providers to expand the number of available crisis and emergency respite beds.

DD Service Priority E

Increase the availability of transportation services and supports in rural areas.¹⁹

Rationale

Rural communities often underserve individuals with developmental disabilities because (1) the small population cannot financially support a provider and (2) public transportation to providers in neighboring communities is not available.

Without access to services, individuals with developmental disabilities may face overburdened or failed family and community supports and greater likelihood of incarceration or institutionalization.

¹⁹ Supports DBHDD FY11 priority to maximize consumer transportation capacity and flexibility, as required by the U.S. Supreme Court's *Olmstead v/s L.C.* decision.

DD Service Priority F

Increase the number of quality service providers.

Rationale

To ensure the health, safety, and community integration of individuals with developmental disabilities, the Region has a continuing need to improve the quality of service available through providers. The DBHDD quality management system includes more stringent training requirements for providers, increased monitoring and technical assistance from DBHDD employees, and enhanced streamlining of remediation procedures.

This priority is to increase the number of quality service providers by evaluating and responding to provider training needs, monitoring quality of life for individuals in provider programs, and instituting a protocol for intensive case management.

DD Service Priority G

Streamline the process for approving waiver services for people on the planning list.

Rationale

In 2013 the average wait time on the planning list was 60 days. The application process requires an array of documentation, authorizations, assessments, and coordination from multiple job functions and service organizations. Streamlining the application process will expedite the wait time and offer clients a greater choice of providers and supports. Individuals who are eligible can continue to receive State Funded Services (SFS) or Family Support in the absence of a waiver.

DD Service Priority H

Increase supports for individuals with autism and their families.

Rationale

Region 6 is experiencing an increasing number of individuals with autism in need of services. With the current lack of services, there is a disproportionate frequency of crisis interventions. Support services may include specialized communication skills, sensory input, socialization, and specialized education programs. Region 6 plans to increase community supports by strengthening partnerships with boards of education and community service organizations.

Appendix A: Regional Planning Survey and Forum Results

ADULT BEHAVIORAL HEALTH AND ADDICTIVE DISEASES	Little to No Improvement	Good Improvement	No Longer a Priority	Continued Priority
Survey Results	Votes	Votes	Votes	Votes
Availability of transportation services and supports in rural areas	12	2	1	20
Availability of intensive and semi-independent supportive housing and residential supports	11	8	1	16
Increase supported employment slots	4	5	2	11
Establish crisis respite	10	4	0	10
More free training opportunities providers	3	6	1	8
Greater access of peer services	4	7	3	7
Establish community crisis beds	4	3	1	6
Establish Ready-for-Work SA programs	5	2	1	4
<u>Priorities Identified in the Forums</u>				
<ul style="list-style-type: none"> • Transportation • More collaboration with Vocational Rehabilitation • Reduce Medicaid eligibility barriers • Better services in rural areas • More NAMI chapters • More case management • More supported employment slots • More intensive residential services • More Shelter Plus Care slots 				

CHILDREN AND ADOLESCENT BEHAVIORAL HEALTH AND ADDICTIVE DISEASES	Little to No Improvement	Good Improvement	No Longer a Priority	Continued Priority
Survey Results	Votes	Votes	Votes	Votes
Availability of transportation services and supports in rural areas	4	3	0	8
Expand education for community stakeholders about ways to access behavioral health services to reduce admissions to CSU and PRTF facilities	4	8	0	7
Expansion of intensive community based care models	5	6	0	8
<u>Priorities Identified in the Forums</u>				
<ul style="list-style-type: none"> • Better coordination of services for youth aging into adulthood • Respite homes • Better discharge planning from Crisis Stabilization Units (CSUs) • Department of Juvenile Justice (DJJ) to provide anger management groups 				

DEVELOPMENTAL DISABILITIES	Little to No Improvement	Good Improvement	No Longer a Priority	Continued Priority
Survey Results	Votes	Votes	Votes	Votes
Additional funding for New Options, Community Habilitation, and Comprehensive Support waivers	7	4	0	15
Increase number of Supported Employment programs and providers	5	5	3	14
Established community education awareness/supports for individuals with co-occurring behavioral health and developmental disabilities	6	9	1	11
Availability of crisis beds and emergency respite services for children and adolescent population	3	3	0	11
Availability of transportation services and supports in rural areas	3	8	1	10
Increase number of quality providers	5	2	0	14
Streamline the process for approving waiver services for persons on the planning list	5	1	0	9
Increase support groups for individuals and families with autism	6	5	0	2
<u>Priorities Identified in the Forums</u>				
<ul style="list-style-type: none"> • Transportation • More group homes in rural areas and located within 45 miles of family's community • Expedited Intake and Evaluation (I&E) process • Additional waiver funding • Better service coordination for those graduating from high schools • More collaboration with Vocational Rehabilitation • Reduce barriers to Medicaid eligibility • More supports for individuals 22 years of age • More services in rural areas • Supported Employment • Expedited prior authorization process • Access to services for those without Medicaid 				

Appendix B: Adults with Serious and Persistent Mental Illness Region 6 County-by-County Comparison of Need to Service

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%

Appendix C: Adults with Substance Abuse Region 6 County-by-County Comparison of Need to Service

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%

**Appendix D: Children & Adolescents with Severe Emotional Disturbance
Region 6 County-by-County Comparison of Need to Service**

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%

Appendix E: Adolescents with Substance Abuse Region 6 County-by-County Comparison of Need to Service

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 who Need SA Services from the Public Sector	Number of Adolescent SA 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%

Appendix F: Persons with Developmental Disabilities Region 6 County-by-County Comparison of Need to Service

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%
Upson	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%