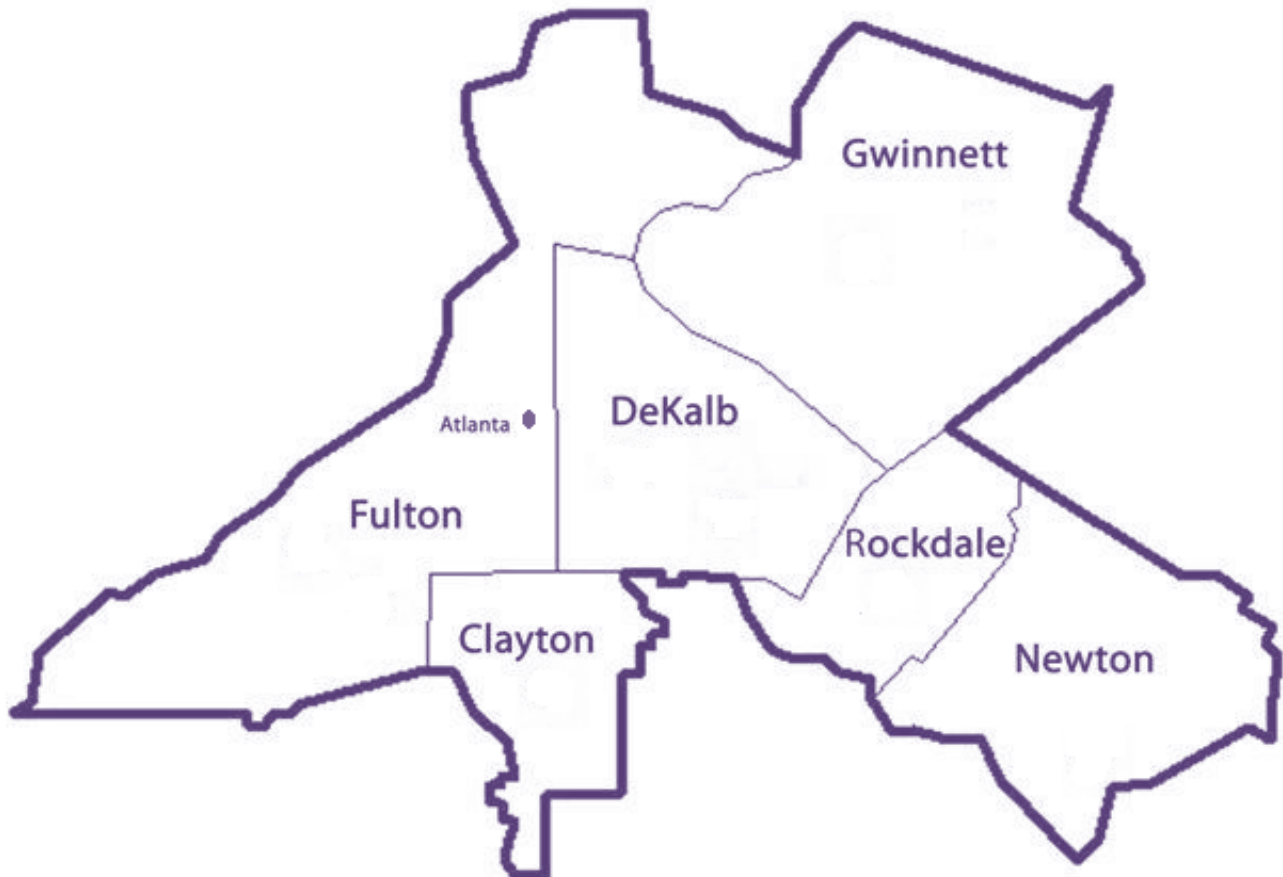




REGION 3 PLANNING BOARD

BEHAVIORAL HEALTH/DEVELOPMENTAL DISABILITIES/ADDICTIVE DISEASES

FISCAL YEAR 2017 ANNUAL PLAN



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. 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.

Region Three Planning Board gathers information about behavioral health, developmental disability, and addictive disease and then provides a comprehensive assessment of service priorities for the region. These services priorities are designed with the goal of supporting individuals adequately so they can remain in their local community with access to needed services and supports.

Region Three Counties include Clayton, DeKalb, Fulton, Gwinnett, Newton and Rockdale. These six counties have a total population of 2,980,121 representing nearly 30% of the state's total population. Individual needs for the six counties were assessed based upon informal feedback received by persons and/or family members participating in DBHDD services and information gathered by meetings, Community Forums and review of regional demographic data were the primary methods of obtaining information that serve as the basis for planning board priorities.

The Region maintains close relationships with individuals, families, advocacy groups, service providers and other stakeholders. Region Three is home to three Community Service Boards (CSB's), 177 behavioral health and addictive disease providers and over 200 developmental disability providers that offer one or more Medicaid services under the Now/Comp Waiver. Currently, Region Three is administering the Now/Comp waiver to 3,118 individuals. In addition, as of March 2015, there are 2,582 people on the Region Three Planning List, **(1,593 Long Term Planning List, and 989 Short Term Planning List)**.

In Region Three it is estimated that nearly **38,000** adults with serious mental illness need services from the public sector, over **13,547** youth with serious emotional disorders need services from the public sector and **62,904** adults with addictive disease disorders also need services from the public sector. Many are being served through community-based mental health and addictive disease programs.

SECTION 2: REGIONAL PLANNING BOARD

**Region Three is comprised of six counties:
Clayton, DeKalb, Fulton, Gwinnett, Newton and Rockdale.**

Below are the names of Region Three Board Members and the counties they represent:

| CLAYTON COUNTY | DEKALB COUNTY | FULTON COUNTY | GWINNETT COUNTY | NEWTON COUNTY | ROCKDALE COUNTY |
|---|------------------------|---------------------------|--------------------|------------------|-------------------|
| Benedetti, Brent | Bradley, Walter | Beskin, Elizabeth | Alexander, Solomon | Griffin, Rogenia | Thomas, Stephanie |
| Roberts, Brenda | Brown, Vivica | Coleman, Christopher | Callicotte, Gina | | |
| | Caruso, John | Daniels, Stacy | Brandon, Troy | | |
| | Cole, Phyllis | Joyner-Pritchard, Sheila | McNair, Jackie | | |
| | Crawford, Barbara | Sanders, E. Joseph, Chair | | | |
| | Fitzhugh, Dr. Rosa | Schoen, Charles | | | |
| | Garlin, Ellen K. | Sellers, Nancy | | | |
| | Hammonds, Freda | | | | |
| | Logan, Jean S. | | | | |
| | Lushbaugh, Dave | | | | |
| | McPherson-Greene, Rosa | | | | |
| | Valley, Christopher | | | | |
| VACANCIES: CLAYTON = 3, DEKALB = 1, FULTON = 11, GWINNETT = 12 | | | | | |

SECTION 3: DESCRIPTION OF REGION

Region Three covers six counties of the greater metropolitan Atlanta. These counties include Clayton, DeKalb, Fulton, Gwinnett, Rockdale and Newton. Region Three is a very urban region and encompasses the city of Atlanta. According to the U.S. Census Bureau 2013 County Population Estimates, these six counties have a total population of 2,980,121 or roughly 30% of the state's total population. Populations for the six counties are as follows:

- Clayton 264,220
- DeKalb 713,340
- Fulton 984,293
- Gwinnett 859,304
- Newton 102,446
- Rockdale 86,919

The population is made up of 51.5% female and 48.5% male. African Americans make up 43.6% of the population, Whites make up 46.8%, Asians make up 0.6%, American Indian/Alaska Natives make up 7.0%, Native Hawaiian/Pacific Islanders make up 0.1% and two or more races make up 2.1%.

Region Three is an extremely diverse geographic area. The region is diverse economically with 35.5% of its residents below 200% of poverty as compared with statewide totals of 38.7%. The Per Capita Income for Georgia is \$37,845 whereas for Region Three it is \$42,830.

Below is a chart that shows the estimated need for services by disability category for the Region Three area.

| Disability Service | Total Population in Region 3 | Estimated Number Needing Public Services in Region 3 | Number Served in Region 3 | Percent of Need Met In Service Area | Percent of Need Met Statewide in Service area |
|---|------------------------------|--|---------------------------|-------------------------------------|---|
| Adult Behavioral Health | 2,118,009 | 37,743 | 26,594 | 70.5% | 87.2% |
| Children & Adolescents Behavioral Health | 369,725 | 13,547 | 9,385 | 69.3% | 84.2% |
| Developmental Disabilities (adult & children) | 2,864,347 | 51,559 | 3,285 | 6.4% | 7.9% |
| Adult Addictive Diseases | 2,242,572 | 62,904 | 5,347 | 8.5% | 13.2% |
| Adolescent AD (ages 12-17) | 244,147 | 9,256 | 189 | 2.0% | 2.4% |

- 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 MR/DD who need services from the MR/DD 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 not every Georgian with a developmental disability is in need of Division of DD services.

SECTION 4: ASSESSMENT OF REGIONAL NEEDS

The Region Three Assessment of Needs outlined below was compiled from our Community Forums, Planning Board Meetings and other Data provided to DBHDD Regional Office:

ADULT MENTAL HEALTH

- Housing appears to be the primary issue facing all consumers, as well more direct monitoring of the resources/housing prior and after placement.
- Additional services from ACT as consumers are transitioned from the hospitals and jails; they need funding to pay for those services.
- Expand the number of Peer Support Centers.

ADULT ADDICTIVE DISEASES

- Transitional Housing specifically designed for consumers with substance abuse and alcohol.
- Additional resources for support through community groups and addiction counseling.
- Supported employment services are needed.

CHILD & ADOLESCENT MENTAL HEALTH

- More treatment facilities/beds offering step-down services.
- Increased community awareness of available diagnosis/treatment services; how to report abuse.
- Supported employment services for older adolescents.

CHILD & ADOLESCENT ADDICTIVE DISEASES

- Increased educational outreach to adolescent community regarding: connection between drug use, including improper use of legal drugs and mental health/addiction issues.
- More treatment facilities/beds.

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- Educate parents of young children in the importance of applying early for a Medicaid Waiver.
- Additional funding for the NOW/COMP waivers with priority to individuals leaving school and individuals with aging/chronically ill parents.
- Increase the transportation rate for individuals with working caregivers.
- Need before and after school providers; Host Home providers need more training.

CO-OCCURRING DISORDERS

- Support programs designed to assist with co-occurring disorders.
- Monitored transitional housing to address their specific illnesses.
- Additional diagnosis and treatment beds for individuals living with co-occurring disorders.
- Community Awareness and Education of co-occurring disorders.

SECTION 5: PRIORITIES FOR FY17

1. TARGET POPULATION – Adult Mental Health

SERVICE PRIORITY

- Develop new Intensive Treatment Residence (ITR) in Region 3.

RATIONALE

- Provides intensive residential housing and treatment services to serve consumers needing 24/7 supervised care to keep them from rotating back and forth to the hospital and not being appropriately served in their local community.

SERVICE PRIORITY

- Develop a Behavioral Crisis Center in Fulton County for adults which provides a 24 hour walk-in service for individuals in crisis and keeps them out of the hospital.

RATIONALE

- Region 3 serves the highest number of consumers but is the only region without this service. Individuals are assessed and observed for up to 23 hours and are then referred to the appropriate level of care. Having this service will decrease hospitalizations.

SERVICE PRIORITY

- Develop 3 additional Peer Support Centers in Region 3.

RATIONALE

- Peer Support Centers are needed to provide structured activities to promote socialization, recovery, wellness, self-advocacy, development of natural supports, respite services, and maintenance of community living skills.

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

SERVICE PRIORITY

- Develop step-down treatment programs which are therapeutic but less intensive than a PRTF (psychiatric residential treatment facility) and a CSU (crisis stabilization unit).

RATIONALE

- Region 3 serves the highest number of children and adolescents not being served appropriately when transitioning back to their local community. This results in longer stays in more restrictive and expensive facilities.

3. TARGET POPULATION - Persons with Developmental Disabilities.

SERVICE PRIORITY

- Additional NOW and COMP waiver funding was the need identified and vocalized the most at planning board meetings and community forums. Region 3 requests funds for 100 COMP waivers and 100 NOW waivers.

RATIONALE

- Region 3 has 2,582 individuals (989 on STL and 1593 on LTL). Our region would like to give priority to individuals leaving school systems and individuals with aging/chronically ill parents. There are approximately 800 individuals on the waiting lists in these two categories.

SERVICE PRIORITY

- Develop providers who can deliver more quality and creative programming and care.

RATIONALE

- Region 3 needs 30 additional providers who can develop creative and quality programming to serve different age groups and a broad array of behaviors rather than providers who have a "one size fits all" approach.

4. TARGET POPULATION - Adults with Addictive Diseases

SERVICE PRIORITY

- Develop ambulatory detox services in at least one (1) service area of Region 3 especially for individuals for whom English is not their primary language.

RATIONALE

- Ambulatory detox is a widely accepted best practice for the addictive disease population. It certainly does not eliminate the need for residential and in some cases inpatient detox services. However, for a considerable portion of individuals, ambulatory detox is the most appropriate and least costly service. At present, we have no ambulatory detox service operating in Region 3.

5. TARGET POPULATION – Adolescents with Addictive Diseases

SERVICE PRIORITY

- An adolescent substance abuse residential treatment program is needed in Region 3.

RATIONALE

- There is high prevalence data, very high unmet need data and extremely limited services provided in our region to this population. Data shows that untreated adolescents end up in the juvenile and adult criminal systems.

6. TARGET POPULATION – Individuals with Co-occurring Disorder

SERVICE PRIORITY

- Mandated training over a 3 year period for all Region 3 providers regarding co-occurring competency.

RATIONALE

- Providers need training in assessment and developing continuing care plans in order to better serve individuals with co-occurring disorders.

7. TARGET POPULATION – All Disabilities

SERVICE PRIORITY- HOUSING

- Region 3 needs funding to provide different levels of housing to offer intensive, independent semi-independent, supervised, permanent, transitional and respite options.

RATIONALE

- Continue the growth of resources for individuals who can be served through the Voucher and Bridge funding services. 501 consumers are in housing in our region through Georgia Housing Voucher Program. Region 3 is requesting 100 slots for housing. While growing the existing services, housing choices need to be broadened to include individuals with developmental disabilities and co-occurring disorders.

SERVICE PRIORITY – TRANSPORTATION

- Expand hours/days of available services and increase the transportation rate.

RATIONALE

- Transportation schedules need to be expanded beyond the usual business hours and include weekends and evenings to accommodate the need of individuals. Transportation rate increases are needed to keep providers willing to accommodate different individual needs. There have not been any rate increases since funds were taken from the CSB budgets in 1999.

SERVICE PRIORITY – Employment

- Increase job development, placement, and training in order to assist individuals in obtaining and maintaining employment in the community.

RATIONALE

- More providers are needed to develop and coordinate services to provide a variety of job supports for the different ages, including older adolescents, and different disabilities.

SERVICE PRIORITY-Incarcerated Individuals

- Improve collaboration, communication and education between all facets of the criminal justice and mental health systems by placing two mental health professionals in Gwinnett, DeKalb and Fulton counties to work with judges, jails, police officers, and mental health courts. This would be 6 new staff for Region 3.

RATIONALE

- Increase access to incarcerated individuals with disabilities (mentally ill, developmentally disabled, and addictive diseases) so they can be identified and have continuing care plans to address their disabilities and supports needed after incarceration. Also, this will allow the region to support and educate judges and jail staff about the various disabilities and their need for continued treatment upon release. It will also assist mental health courts to provide appropriate diversion to mental health intervention instead of incarceration.

POLICY CHANGES

Region 3 recommends that DBHDD look at the following policy changes to enhance services to consumers:

- 1) Develop Memorandum of Understanding (MOU) among DBHDD, DOE, Department of Labor, and GDHS (Rehabilitation Services) and the University System of Georgia to address all the issues of transitioning school age individuals with developmental disabilities. The university system is expanding special needs higher education efforts at Kennesaw State, Georgia Southern, and other universities. This is to include assigning responsibility for educating parents, caregivers, service providers, and teachers about available services and the waiver application process.
- 2) DBHDD needs to establish a single point of access for handling all of the waiver requests statewide. The procedures/processes are very complicated which increases the potential for misinterpretation and inconsistency in the application of the waiver procedures among 6 regions.
- 3) Resources are not managed adequately to meet the needs of consumers.
 - a. Support coordinators do not educate consumers and their caregivers about available community resources provided by volunteer groups, peer support programs, faith-based groups.
 - b. DBHDD managers do not keep support coordinators informed timely about changes in program and funding availability, hindering their ability to provide timely information back to their clients.
 - c. Consumers and their caregivers are not receiving timely information about the status of their requests for service and changes in available funding that affect that status.

- 4) Qualifying for the DD Exceptional Rate when the individual has complicated medical issues is problematic for families. An example is the parent who attended our Gwinnett County public forum who has a son that needs 24/7 care (feeding, etc.) and has medical insurance but the insurance company will not pay unless the parent is in the home and both parents need to work. The State says the parent cannot be at home for her son to receive services.
- 5) Request carve-out of the funds from the HOPE Scholarship to fund waivers for young adults leaving school at graduation. Also, cover tuition for young adults with developmental disabilities to attend specialized programs developing at some colleges across the state (Kennesaw State, Georgia Southern, etc.).
- 6) A regional splost is needed to fully fund needed services for all disability groups served in Region 3.
- 7) In order to identify children and adolescents in need of services from DBHDD, place a mental health professional in all of the county and city schools in Region 3.

GEORGIA MENTAL HEALTH CONSUMER NETWORK PRIORITIES:

The Region 3 Planning Board would like to acknowledge and support the most recent priorities of the Georgia Mental Health Consumer Network. The 5 priorities are:

1. Jobs, employment, supported employment
2. Affordable, accessible housing
3. Access to affordable medical, dental eye care, and medication
4. Educational opportunities, supported education, job training
5. Higher wages for peer staff including Certified Peer Specialists