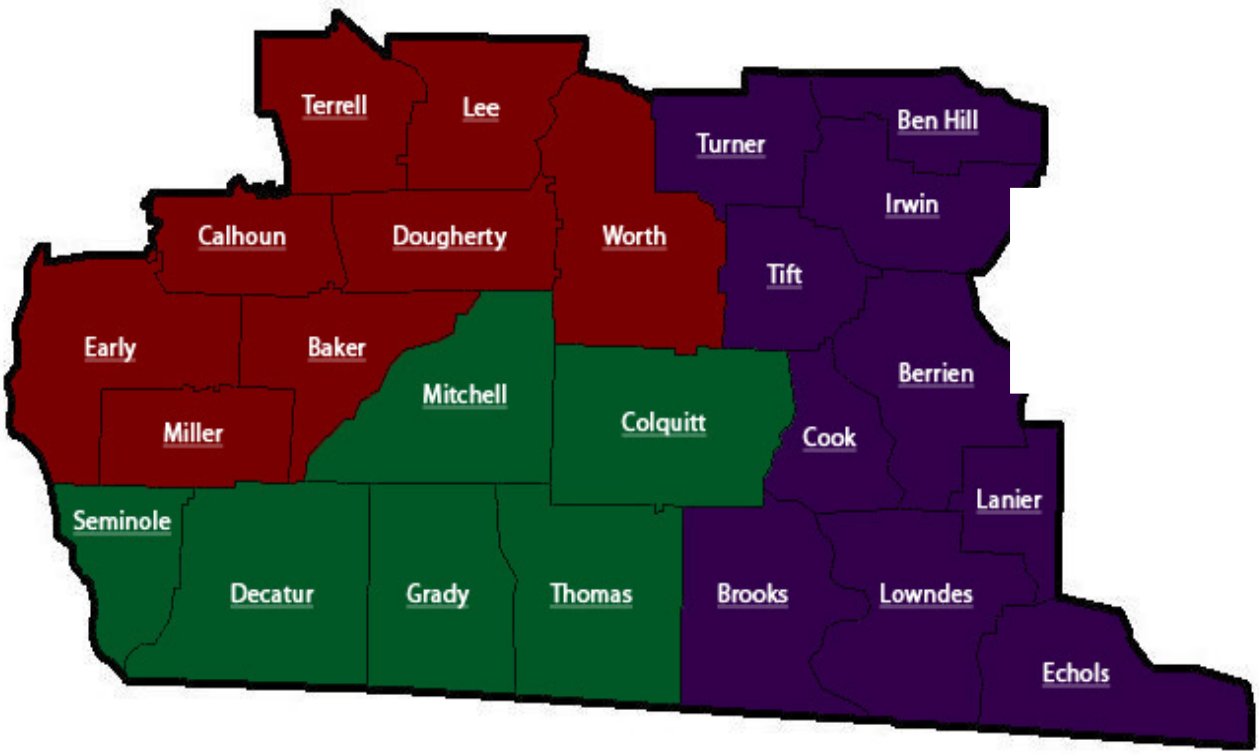
DBHDD

REGION 4 PLANNING BOARD

BEHAVIORAL HEALTH / DEVELOPMENTAL DISABILITIES / ADDICTIVE DISEASES

FISCAL YEAR 2017 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 as in previous years. 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. In May of 2014, Ken Brandon retired as regional Coordinator after years of service. Jennifer Dunn remains the Regional Services Administrator for Behavior Health (BH). Michael Bee remains the Regional Services Administrator for Developmental Disabilities (DD). Michael Link, the Director of Regional Operations began serving as interim Regional Coordinator and supports Mrs. Dunn and Mr. Bee as they oversee the day-to-day operations locally.

Judy Gaines, the Planning Board Chair, and Glenda Creech, Secretary have continued in their roles. Several new planning board 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 United States Department of Justice Settlement Agreement. The Settlement Agreement combined with the Olmstead decision and the CRIPA Agreement has laid the foundation for goals and funding of BH/DD services. The Agreement signed in October 2010 lays aside a DOJ lawsuit brought about under the Americans with Disabilities Act.

Regarding the impact on our Division of Developmental Disabilities as it relates to the Settlement 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 began fully functioning in June 2012. In addition, the State agreed to provide supports for those individuals 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 individuals who were being served at Southwestern State Hospital (SWSH) in the 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. Since that time the Region 4 DD Team has been monitoring the services received by individuals who transitioned FY 14, leading up to the closure of SWSH. This has involved weekly visits by a Regional RN and Support Coordination, in most cases. In some cases the outcomes have been quite good with individuals receiving very good care from Community Providers. In other cases various corrective actions have been implemented to drive service delivery toward satisfying Community Standards. The Department submitted a Priority Plan in June 2014, this document outlines the plan to re-engineer the DD supports and service delivery system (to include outcomes desired for individuals); including the processes by which persons are transitioned from institutions and then supported in community settings. The development of this process, heretofore referred to as the Pioneer Project, is near conclusion in development in Region 2. It is expected the process will be duplicated in one or two more Regions in calendar year 2015. The Region 4 Team has requested to be one of the Regions this process is implemented in next.

Additionally, it is recognized that the system of care around individuals with both BH and DD barriers will necessitate are more coordinated approach to service delivery; including the coordination of BH and DD Crisis services. In the immediate term, discharging Forensic persons from State Hospitals will be the priority.

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.

Regarding Behavioral Health services, the Settlement Agreement 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 Assertive Community Treatment (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 (CST), 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 meant the addition of 2 new Behavioral Health Crisis Centers (BHCCs) in Thomasville and Valdosta and the expansion of the Albany Crisis Stabilization Unit (CSU) operated by Aspire Community Service Board (CSB) - formerly Albany Area CSB - to include crisis walk in services and temporary observation beds. Albany began to be fully operation in July 2013, the Thomasville BHCC operated by Georgia Pines CSB opened in November 2013 and the BHCC in Valdosta operated by Behavior Health Services of South Georgia CSB opened in January 2014. Two new Intensive Treatment Residents and three Crisis Respite apartments have been added in the Region 4 service area. In addition, a CST was added to cover 4 counties not served by ACT (Early, Miller, Decatur and Seminole). Case management is now available in all service areas of Region 4 as is Intensive Case Management.

FY16 Priority and Outcomes:

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

2. **<u>Children and Adolescents (C&A) with Serious Emotional Disturbance</u>:**
   - Improve access to C&A intensive serves for Region 4.

   Outcome: There continues to be a need to identify agencies willing to provide specialty services within our 24 county catchment area for youth. Improving access to C&A services will continue to be a priority for the FY 17 Annual Plan.

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

   Outcome: There remains a need to identify providers with the experience necessary to serve medically complex individuals. This remains a priority for FY 17.

4. **Adults with Addictive Diseases:**
   - Increase residential treatment capacity in Region 4.

   Outcome: In FY15, Region 4 increased its residential treatment capacity by 30 beds, giving us a grand total of 105 beds to treat individuals with addictive disease.

5. **Adolescents with Addictive Diseases:**
   - Pursue development of a Drug Court for this population.

   Outcome: There continues to be a need for drug court in this area to serve youth. Prevalence data supplied by DBHDD indicates that only 2% of the estimated 8.5% of identified youth with Substance Abuse (SA) issues in our services area receive addictive disease treatment. Developing a Youth Drug Court will remain a priority for FY17 Annual Plan.

6. **Individuals with Dual Diagnoses**
   - Develop specialized residential service for Behavioral Health and Developmental Disability (BHDD) population (including those with forensic status).

   Outcome: This remains a priority for FY 17. As discharge of Forensic individuals has become a Departmental priority, the need for experienced community providers to serve individuals with co-occurring Behavioral Health and Developmental Disabilities will be an increasing need.

Priorities for FY 17

1. **Adults with Mental Illness:**
   - Increase the number of Peer Wellness Centers to include additional and respite beds to support individuals in recovery.

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 and improve transition process in Region 4.

4. **Adults with Addictive Diseases:**
   - Increase residential treatment capacity in 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 and improve transition process for BHDD population (including those with forensic status). This is to include a coordinated system of care, including crisis services, for persons with Behavioral Health and Developmental Disabilities.

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	Deborah Pearce
Ben Hill	Pastor Steve O'Neal	Early	Elsa Crawford	Mitchell	VACANT
Berrien	Elaine Landy - Johnson	Echols	VACANT	Seminole	Shelia Williams
Brooks	Nancy Tennyson	Grady	Glenda Creech, Secretary	Terrell	Louise Darley
Calhoun	VACANT	Irwin	William Zorn	Thomas	VACANT
Colquitt	Lynn Wilson	Lanier	Mitchell Chason	Tift	Sherry Miley
Cook	Ann Knight	Lee	Carol Emerson	Turner	Brenda Lee
Decatur	VACANT	Lowndes	VACANT	Worth	Becky Geer
Dougherty	Judy Gaines, Chair	Lowndes	Joyce Evans		

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, 2009 – 2013 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 16 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 $26,056 in Calhoun County to a high of $45,222 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 FY14 service data. It indicates that Region 4 is exceeding the state average considerably in all service areas. For Adult Behavioral Health Region 4 served 82% above the state average. For Child and Adolescent (C&A) Behavioral Health, Region 4 serves approximately 77% above the state average. For Developmental Disabilities, Region 4 served 14% above the state average. For Adult and Adolescent Addictive Diseases, Region 4 is serving 81% above the state average.

Disability	Total Population	Estimated # Needing Services	Number Served	Percent of Need Met In Service Area	State Average
Adult BH	436,460	23,569	13,211	56.1%	30.8%
C&A BH (ages 9-17)	75,851	6,068	3,183	52.5%	29.7%
DD	588,429	10,593	1,529	14.4%	12.7%
Adult AD	455,779	38,741	3,311	8.5%	4.7%
Adolescent AD (ages 12-17)	50,933	4,329	85	2.0%	1.1%

- 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 actual number of people with Intellectual Developmental Disabilities, who may need services, from the Intellectual Developmental Disability prevalence figures above. The "Estimated # Needing Services" for DD includes individuals who may be developmentally disabled but may not be eligible for services according established criteria under the NOW/COMP waivers.

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

Aspire Community Service Board – Albany (11/10/2014)-(19 Participants)

- Increase of NOW / COMP Waiver Slots
- Complaints about transportation services. Targeting:
  a. Senior Programs

b. Prisoner Re-entry

- Increase of qualified staff to provide behavioral supports. BCBA's charge more than Medicaid reimbursement rate.
- Additional training for licensed professionals.
- DD Crisis Respite for children.
- Increase funding for pre – school and after care programs for children with Autism.
- Increase supportive employment funding. (New Pilot programs have been initiated)
- Limited dental services through Medicaid.

Valdosta City Hall Annex-Valdosta (11/13/2014) (30 Participants)

- More educational opportunities for providers,
- Additional counselors to staff crisis services center at BHCC.
- Transition into adult services and employment.
- Gap in life skills training.
- Transportation continues to be an issue for DD individuals.
- Accessing BH services for individuals with Co – occurring diagnosis.
- Limited dental services through Medicaid.
- Better access to Behavioral Health services for dual diagnosed (BHDD).

Tift Adult Mental Health Center - Tifton (11/17/2014) (37 Participants)

- Additional services for individuals dually diagnosed BHDD.

Southwestern State Campus – Thomasville (11/20/2014) (19 Participants)

- Better training for direct support staff.
- BCBA certification training

ADULT BEHAVIORAL HEALTH

Aspire Community Service Board – Albany (11/10/2014)-(19 Participants)

- Complaints about transportation services, this appears to be primarily about Medicaid system contracted to Logisti - Care.
- Funding for those in Pre – crisis situations.
- Assistance with identifying abuse of 1013 order.
- Additional Peer Support Centers to include Respite.
- Increase NAMI support.
- Additional education opportunities for staff.

Valdosta City Hall Annex-Valdosta (11/13/2014) (30 Participants)

- More education on mental illness. Efforts to reduce stigma in community.
- Better access to transportation, especially with emerging needs.
- More exercise and wellness programs.
- More social and recreational opportunities.
- Age appropriate services.

Tift Adult Mental Health Center - Tifton (11/17/2014) (37 Participants)

- Continue use of outpatient mandates through Probate Courts.
- Extended treatment for chronic/treatment resistant consumers, with step – down programs.
- Supportive employment opportunities for women.
- Enhance community linkage to services for BHCC.
- Increase ability to provide Telemedicine.

Southwestern State Campus– Thomasville (11/20/2014) (19 Participants)

- Thomas County Behavioral Health Addictive Disease (BHAD) Treatment Court needed.
- Employment opportunities.
- Increase the number of Licensed Personal Care Homes in the area.
- Enhance continuity of care with the purpose of recovery.
- Homeless shelter for men.
- Add a Peer Wellness Center to accommodate more individuals.

ADULT ADDICTIVE DISEASES

Aspire Community Service Board – Albany (11/10/2014)-(19 Participants)

- Additional Substance Abuse (SA) beds

Valdosta City Hall Annex-Valdosta (11/13/2014) (30 Participants)

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

Tift Adult Mental Health Center - Tifton (11/17/2014) (37 Participants)

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

Southwestern State Campus – Thomasville (11/20/2014) (19 Participants)

- Increase residential treatment capacity for SA population.

CHILD AND ADOLESCENT

Aspire Community Service Board – Albany (11/10/2014)-(19 Participants)

- Recreational (after school) activities for children.
- Local C&A CSU.
- Crisis respite beds.

Valdosta City Hall Annex-Valdosta (11/13/2014) (30 Participants)

- Crisis stabilization contract beds.
- Partial hospitalization.
- Grant funding opportunities.
- Youth transportation services.
- Telemedicine in schools
- C&A CSU in Region 4.
- Affordable after school programs to meet the Behavioral Health needs of youth.
- Services for the under 3 year old population.

Tift Adult Mental Health Center - Tifton (11/17/2014) (37 Participants)

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

Southwestern State Campus – Thomasville (11/20/2014) (19 Participants)

- Access to C&A Crisis Stabilization system-access is too far away from Region 4.

Consumer Network Conference – St. Simmons Island (8/19/14 - 8/21/14)

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

1. Jobs/Employment/Supported Employment
2. Affordable, Accessible Housing
3. Access to Affordable Medical, Dental, Eye Care, including Medications
4. Education Opportunities/Supported Education/Job Training
5. Higher Wages for Peer Staff including CPSs

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 DFCS 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.
- 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 for local coverage area.
- 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 BH 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 FY17

1. TARGET POPULATION - Adults with Serious Mental Illness.

SERVICE PRIORITY

- Increase the number of Peer Wellness Centers to include additional and respite beds to support individuals in recovery.

RATIONALE

- The Peer Support and Wellness Center (PSWC), a project of the Georgia Mental Health Consumer Network (GMHCN), was developed through a grant provided by the Department of Behavioral Health and Developmental Disabilities (DBHDD). It has proven to be effective and

very well received in Colquitt County. A common theme in each area was identifying funding to open additional PSWC's sites in Region 4.

2. **TARGET POPULATATION -** Children and Adolescents (C&A) 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 process for transitioning individuals with complex medical conditions.

RATIONALE

- Region 4 has been challenged to develop residential placements for individuals with very complex medical needs. Most of these individuals have been those transitioning to the community from 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. It is anticipated that Region 4 will, in the near future, implement the transition process developed as part of the Pioneer Project initiated in Region 2. This will outline the expectations and requirements for successful outcomes including nursing and behavioral supports and standalone waiver services (under the new waiver amendments, implementation of Intensive Support Coordination (also a new waiver amendment service), monitoring and documentation, data tracking requirements, adequate staff support, minimum requirements for licensed staff (i.e., RNs/LPNs), and community integration and connecting to develop more meaningful lives. 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

- During each forum, participants expressed that consumers typically spend 28 days in a treatment facility targeting addictive disease. Often individual relapse due to the lack of transition

opportunities. The region is interested in increasing residential treatment bed capacity to further support consumers requiring a structured environment to aid in continued recovery.

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 FY17 Plan.

6. TARGET POPULATION – Individuals with Dual Diagnoses

SERVICE PRIORITY

- Develop specialized process for transitioning and then serving in an integrated manner individuals with dually diagnosed behavioral health and developmental disabilities (BHDD) including those with forensic status.

RATIONALE

- Region 4 continues to struggle to locate appropriate providers to serve BHDD 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. Additionally, it has become evident that both BH and DD service delivery and coordination will have to be more integrated if there are to be more successful outcomes. This includes the Crisis service delivery system whereby dually Developmental Disability is considered 'exclusionary' where some Behavioral Health services such as receiving and evaluating and crisis stabilization are concerned. As with medically fragile individuals, transition processes developed as part of the Pioneer Project are also expected to be implemented to better assure quality outcomes including community integration and Crisis services. Discharge of Forensic individuals is a top priority so emphasis on improvement in system supports and integrated BH and DD services is essential. The Region still needs to recruit specialty providers to develop a 4-person homes to serve the BHDD through the Home and Community Based COMP Waiver.