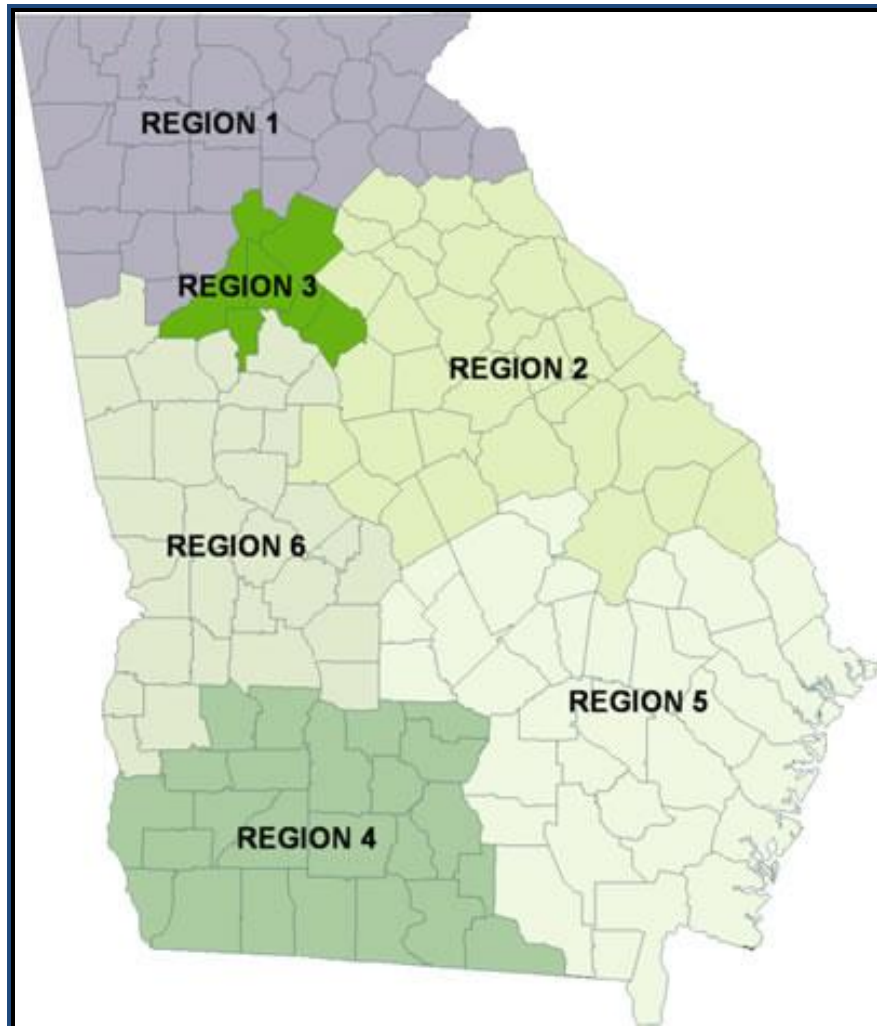


**DBHDD
Region Five
Planning Board**



2017 Annual Plan

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Executive Summary

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

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

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

During Fiscal Year 2015, the following behavioral health services or supports were added to Region 5:

- **Expansion of Mobile Crisis Response Services (MCRS)** During Fiscal Year 2014, MCRS was available to the "northern" 19 counties in Region Five. Effective July 1, 2014, MCRS expanded to include all of Region 5, including the 15 "southern" counties.
- **Intensive Case Management Services** Two new intensive case management teams were introduced in July 2014, including a full team operated by Unison and a team shared by CSB of Middle Georgia and Pineland.
- **Crisis Stabilization Unit** The CSU of Savannah began operations in late June, 2014. This CSU is operated by Coastal Harbor Health System, and includes 16 crisis beds and a 6 bed temporary observation unit.
- **Crisis Respite Apartments** Gateway introduced crisis respite apartments in October 2014. Three two-bedroom apartments in Savannah are available for the provision of short-term residential services, aimed at diverting individuals from inpatient care or as a step-down from inpatient facilities or crisis stabilization units.

- **Georgia Housing Voucher Program** Additional state funded housing vouchers and associated bridge funding continue to be provided to adults who meet Settlement Agreement Criteria and who are experiencing challenges related to housing.

For this same period resources continued to be expanded for people with intellectual/developmental disabilities, including added New Options Waiver (NOW) and Comprehensive (COMP) services additional Family Support Services, and movement of people off the planning lists into state funded and NOW/COMP waiver services.

During FY 2014, 119 people with a Developmental Disability were determined eligible for the Developmental Disabilities Comprehensive (COMP) or New Options Waiver (NOW) within Region Five. Twenty eight waivers were funded in FY 2014 and thirty eight new people were awarded State funded (GIA) services.** Family Support Services provided a total of 6,970 services last fiscal year with the most utilized service being disability related supplies.***

In addition, supported employment funding for 10 individuals aging out of school for supported employment was provided. There is also a pilot project in place using methodology to evaluate the model for supported employment and the current reimbursement rate for providers which is funding 10 individuals.

In Region Five, Benchmark Crisis Services Mobile Crises team was dispatched 203 times for individuals with intellectual/developmental disabilities in FY 2014. Eighteen 1013 documents for involuntary crises stabilization were able to be rescinded by the team. There were also 16 admissions to the Crises homes with an average length of stay of 113 days. Benchmark provided 32 instances of in-home supports.****

The Region 5 Planning Board identified a number of gaps in services that need to be addressed. The **priority needs** for Region Five which are recommended in the 2017 Annual Plan are:

ADULTS WITH SERIOUS MENTAL ILLNESS

- Improve access to Trauma Informed Services
- Expand availability of access to alternatives to hospitalization
- Expand access to Residential Support Services
- Expand access to Peer Support programs

** DATA SOURCE: CIS database, Waiver Information System

*** Family Support Services FY 2014 Data Report

**** Benchmark Report

CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE

- Family Support Groups
- Jail Diversion Programs
- Trauma Informed Services
- Peer Supports

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

- Increase access to Respite Services
- Expand access to In-Home Supports
- Expand access to reimbursement for Authorized Goods and Services
- Training and Education for Families on how to access needed services

ADULTS WITH ADDICTIVE DISEASES

- Support the development of opportunities for Community Re-Entry Programs for those who are moving out of jails and prisons
- Increase availability of Jail Diversion Programs
- Expand access to Supported Employment opportunities
- Improve access to Trauma Informed Services
- Increase access to services around behavioral addictions

ADOLESCENTS WITH ADDICTIVE DISEASES

- Improve access to Trauma Informed Services
- There is a need for youth and families to have access to Family Support Groups
- Develop services for Youth Transitioning into Adulthood
- Increase access to services around behavioral addictions

INDIVIDUALS WITH MULTIPLE SERVICE NEEDS

- Provide access to Integrated Services for people with all manner of co-occurring disorders that include access to primary health care
- Provide access to integrated services for people with all manner of co-occurring disorders around mental health, intellectual disability or addictions
- Continue to support Crisis Intervention Training for Law Enforcement

SUBSTANCE ABUSE PREVENTION

- Funding for prevention services provided by the Department should be continued and expanded.

Regional Planning Board Committee

NAME and BOARD Role	COUNTY
Pat Hailey (Vice Chair, Membership Chair and DD Committee)	Appling
VACANT	Atkinson
Bonnie Napier	Bacon
Jerry Sapp (Leadership Council)	Bleckley
VACANT	Brantley
Windy Sims	Bryan
VACANT	Bulloch
VACANT	Bulloch
Dale Ferguson	Camden
VACANT	Candler
Willie Williams	Charlton
VACANT	Chatham
Richard Oliver	Chatham
VACANT	Chatham
VACANT	Chatham
VACANT	Chatham
Mavis Trowell	Clinch
Harry Cohen (BH Committee)	Coffee
Dana Brown	Dodge
Lucy Powell	Effingham
VACANT	Evans
Maria Coughenour	Glynn
VACANT	Glynn
VACANT	Jeff Davis
VACANT	Johnson
Bobbie Davis	Laurens
VACANT	Liberty
VACANT	Liberty
VACANT	Long
VACANT	McIntosh
VACANT	Montgomery
VACANT	Pierce
Kathy Simmons	Pulaski
Linda Banks (Secretary)	Tattnall
Annie Crisp	Telfair
VACANT	Toombs
VACANT	Treutlen
VACANT	Ware
Beth Roach (Chairperson and Leadership Council)	Wayne
VACANT	Wheeler
VACANT	Wilcox
TOTAL: 41 (Filled: 17, Vacant: 24)	

Description of Region

Region Five has a land mass of 15,128 square miles and covers 26% of the entire state. The Region includes 34 counties of southeast Georgia. Primary industries include agriculture, recreation and tourism. According to 2013 Census estimates, the population of the Region is 1,111,309 people, which represents 11% of the total State population.

Overall population density for the region is significantly smaller than the density of the State of Georgia. The largest city in the region is Savannah, which has a population of 142,772. The largest county in the region is Chatham, which has a population of 278,434. Twenty-five percent of the Region Five population lives in the Savannah-Chatham County area.

Region Five is served by four Community Service Boards (CSBs). Each CSB serves a catchment area of eight to ten counties. The following identifies the CSBs, associated populations (2013 estimates) and counties served:

- **Gateway** Population Served: 593,797
Counties: Chatham, Glynn, Liberty, Effingham, Camden, Bryan, Long, McIntosh

- **Pineland** Population Served: 209,304
Counties: Bulloch, Wayne, Toombs, Tattnall, Appling, Jeff Davis, Evans, Candler

- **Unison** Population Served: 155,715
Counties: Coffee, Ware, Pierce, Brantley, Charlton, Bacon, Atkinson, Clinch

- **CSB of Middle Georgia** Population Served: 152,493
Counties: Laurens, Dodge, Telfair, Bleckley, Pulaski, Johnson, Wilcox, Montgomery, Wheeler, Treutlen

The poverty level in the Region is higher than the average for Georgia or the United States. More than 40% of the population falls below the 200% poverty level, compared to around 34% for the State.

Nearly all counties in Region Five are designated as Health Professional Shortage Areas for Mental Health Professionals and Medically Underserved Areas (residents have a shortage of personal health services) by the US Department of Health & Human Services, Health Resources & Services Administration (HRSA 2012). A significant challenge to providers of mental health, addictive disease and developmental disabilities services continues to be the significant difficulty to recruit and retain licensed and credentialed professionals.

During Fiscal Year 2014 the following occurred (Data Source APS Healthcare):

- Adults with Behavioral Health needs served = 16,056
- Payments for Adult Behavioral Health services = \$22,878,272
- Average paid per Adult Behavioral Health consumer = \$1,425
- Child and Adolescents with Behavioral Health needs served = 2,676
- Payments for Child and Adolescent Behavioral Health services = \$7,293,755
- Average paid per Child and Adolescent Behavioral Health consumer = \$2,726

The estimated prevalence rate for people with Developmental Disabilities is 1.8%, indicating 20,825 people in Region Five have a Developmental Disability.^ During FY 2014 119 people with an Intellectual/Developmental Disability were determined eligible for the DD COMP or NOW waiver within Region Five. There are currently 902 people identified as eligible for NOW or COMP waiver services in the 34 counties of Region Five and waiting for funding at this time. 370 of these individuals have a designated level of need that places them on the Short Term planning list and therefore receive case management services from a DBHDD Planning List Administrator (PLA). The PLA role is to refer and link resources to the individual, advocate for services, monitor health and safety, assess need and develop a plan to help meet their needs.

People in Region Five currently served in programs designed for individuals with an intellectual or developmental disability**:

- 528 individual receiving NOW services
- 831 individuals receiving COMP services
- 362 individuals in State Funded (GIA) services
- 1550 individuals in Family Support Services

Services provided through DBHDD Intellectual/Developmental Disability services could include: Community Residential Alternative services, Community Living Support Services, Respite, Community Access Services, Supported Employment, Prevocational Services, Specialized Medical Supplies, Specialized Medical Equipment, Environmental Modification, and Behavior Support Consultation, etc.

^NOTE: There is no definitive way to determine the estimate of the number of people with Developmental Disabilities who need services from these prevalence figures because it cannot be assumed that every Georgian with a developmental disability would meet eligibility criteria for DD services. [GA Census 2013](#)

** DATA SOURCE: CIS database, Waiver Information System

Assessment of Regional Needs

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

FY 2015 Developmental Disabilities

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

FY 2015 Serious and Persistent Mental Illness

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

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

During December 2014 and January 2015, Region Five Planning Board members coordinated the distribution of community surveys to help identify needs and priorities for the Fiscal Year 2017 planning process. A total of 185 residents provided response to the surveys, and included a wide variety of stakeholders from a diverse geographic area. Appendix A contains a summary of the survey results.

Regional Planning Board Priorities

ADULTS WITH SERIOUS MENTAL ILLNESS

- **Improve access to Trauma Informed Services** Reactions to traumatic events have the potential to lead to chronic health & behavioral health conditions, as well as unnecessary contact with the criminal justice system. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.
- **Expand availability of access to alternatives to hospitalization: Crisis Beds** Many people who experience an acute behavioral health crisis event need only a short period of time to be stabilized before they are ready to return back to their local community. Crisis Beds offer people the chance to remain in their local communities with receiving needed services and afford their natural support systems greater opportunity to participate in transition plans.
- **Expand access to Residential Support Services** People with serious mental illness who are transitioning from state hospitals and other institutions may require levels of community based residential supports that allow them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed when they move to levels of greater independence.
- **Expand access to Peer Support programs** Peer Supports provide powerful opportunities for people with serious mental illnesses to develop meaningful relationships with those who share similar lived experiences.

CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE

- **Family Support Groups** Family Support groups provide preventive, natural-support oriented resources for youth who engage in problematic behaviors which can divert unnecessary use of facility based services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated and facility based resources have been utilized.
- **Jail Diversion Programs** Criminalizing youth with serious emotional disturbances creates multiple additional challenges, including increased exposure to trauma and vulnerability to abuse, reduced treatment and service options, increased subsequent incidence of homelessness & co-occurring substance use disorders.
- **Trauma Informed Services** Reactions to traumatic events have the potential to lead to chronic health & behavioral health conditions, as well as unnecessary contact

with the criminal justice system. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

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

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

- **Increase access to Respite Services** Periodically people need to have a break from each other. Family caregivers and people with developmental disabilities are no different. Access to respite services allows caregivers to participate in activities/events that may not include the person with developmental disabilities or there may be periods of increased tension that warrant a cooling off period for all parties. Without access to Respite Services there is little or no opportunity for times of high stress to be defused and little or no opportunity for caregivers to enjoy lived experiences that might not involve the person they're caring for. Over time this will lead to burn out which can ultimately lead to caregivers seeking permanent out of home placement options as their only mechanism to address chronic pressures that have remained unresolved.
- **Expand access to In-Home Supports: Community Living Supports** People are able to live in their own communities if they have access to adequate in home supports. Settings may include family homes or apartments Individuals are involved in activities that will lead them to greater independence and more control of their lives.
- **Expand access to reimbursement for Authorized Goods and Services** The provision of family directed goods and services help keep families together until the individual with a disability chooses to live independently; enhance a family's ability to meet the many needs of the family member with a disability; improve the quality of supports to families while minimizing the need and cost of out-of home placement and to allow families to participate in recreational and social activities; and make a positive difference in the life of the person with a disability as well as the lives of all family members.
- **Training and Education for Families on how to access needed services** Families are able to access information about waiver services, family support services for their loved ones with developmental or intellectual disabilities readily; work cooperatively with transition specialist and special education teachers in the school system; work with CSB's to help funnel information to families and back to the State office.

ADULTS WITH ADDICTIVE DISEASES

- **Support the development of opportunities for Community Re-Entry Programs for those who are moving out of jails and prisons** A significant portion of people who are incarcerated have addictive diseases. Comprehensive community based supports help them to acclimate to community living and help them to increase their levels of independence in a less abrupt manner. They have the opportunity to learn necessary life skills with adequate staff support, training and guidance that will afford them a better opportunity to succeed in their local communities and reduce the likelihood of relapse.
- **Increase availability of Jail Diversion Programs** Jail Diversion is an alternative sentencing program for non-violent drug and alcohol offenders. It is the preferred approach for non-violent offenders because it enables them the chance to keep their job, support their family, be a productive member of society, avoid unnecessary jail or prison time, expunge their record if they complete recommended treatment, and reclaim their life.
- **Expand access to Supported Employment opportunities** SAMHSA provides a working definition of Recovery: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”. One dimension that supports a Life in Recovery is Purpose. Purpose includes “Meaningful Day activities such as a job, volunteerism” and other activities that support one’s “independence, income and resources to participate in society”.
- **Improve access to Trauma Informed Services** Victims of trauma are more vulnerable and likely to experience substance abuse than the general population. People who abuse substances can more easily be re-traumatized because of impaired decision making. Evidenced based practices exist and are based on an understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.
- **Increase access to services around behavioral addictions** Individuals can have addictions around gambling, pornography or sexual addictions, internet and food that can disrupt their lives as well as those around them. Behavioral addictions can lead to trauma for others as well as jail time for the individual. More quality services are needed to address these types of addictions, not just chemical addictions.

ADOLESCENTS WITH ADDICTIVE DISEASES

- **Improve access to Trauma Informed Services** Victims of trauma are more vulnerable and likely to experience substance abuse than the general population. People who abuse substances can more easily be re-traumatized because of impaired decision making. Evidenced based practices exist and are based on an

understanding of the vulnerabilities associated with trauma that traditional services may unknowingly exacerbate.

- **There is a need for youth and families to have access to Family Support Groups** Family Support groups provide preventive, natural-support oriented resources for youth who engage in problematic behaviors which can divert unnecessary use of facility based services. It is common for families to be less willing to accept their child back into the home when situations have greatly deteriorated and facility based resources have been utilized.
- **Develop services for Youth Transitioning into Adulthood** Young adults with substance abuse issues are less likely to complete secondary school compared to their peers without disabilities. Often their failure to complete school can be attributed to their disorders and once out of high school they typically experience higher unemployment rates.
- **Increase access to services around behavioral addictions** Individuals can have addictions around gambling, pornography or sexual addictions, internet and food that can disrupt their lives as well as those around them. Behavioral addictions can lead to trauma for others as well as jail time for the individual. More quality services are needed to address these types of addictions, not just chemical addictions.

INDIVIDUALS WITH MULTIPLE SERVICE NEEDS

- **Provide access to Integrated Services for people with all manner of co-occurring disorders that include access to primary health care** People with disabilities who do not have adequate access to medical services are at risk for a range of negative health outcomes, including decreased life span (adults with serious mental illness who are treated in public mental health systems die about 25 years earlier than Americans overall); higher risk of inadequately treated chronic medical conditions; and greater risk of incidence of acute medical episodes.
- **Provide access to integrated services for people with all manner of co-occurring disorders around mental health, intellectual disability or addictions** People who experience co-occurring disorders will require specialized care from people who are trained in best practices for this area. Training needs to occur for the safety net providers as well as all other providers in the region 5 DBHDD network to competently serve these individuals.
- **Continue to support Crisis Intervention Training for Law Enforcement** This program provides law enforcement based crisis intervention training for helping those individuals with mental illness. It works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers.

SUBSTANCE ABUSE PREVENTION

- **Funding for prevention services provided by the Department should be continued and expanded.** Work in partnership with local stakeholders such as Family Connections, the United Way, Churches and other Non-profits to help leverage funds locally to help prevent substance abuse by the youth in Region Five. Look at programs that offer peer support and mentorship to expand in Region Five.

Appendix A

2014 COMMUNITY NEEDS ASSESSMENT (Annual Plan 2017)

The questionnaire has four parts: Part 1 focuses on general questions, Part 2 focuses on intellectual/developmental disabilities, Part 3 focuses on mental illness, and Part 4 focuses on addictive diseases.

Part 1—General Questions – 185 Surveys Returned

1. How would you describe yourself? Please check all that apply.

I am an individual with a disability - **77**
 I am a friend or family member of a person with a disability - 43
 I am a volunteer or advocate for people with disabilities - 10
 I am a provider of DBHDD services - 24
 Through my occupation, I come in contact with people with disabilities - 62
 I am an elected official - 0
 I am a concerned citizen - 38

1. Are you familiar with Georgia’s statewide Crisis and Access (GCAL) phone line?

107 - Yes **60 - No** **21 - Not sure**

2. Have you ever visited the Georgia Department of Behavioral Health and Developmental Disabilities website?

53 - Yes **118 - No** **6 - Not sure**

3. Have you ever had contact with the DBHDD Region 5 office in Savannah?

35 - Yes **135 - No** **11 - Not sure**

4. If you answered **yes** to questions 2, 3, or 4 above, how would you rate the quality of this contact or visit?

Part 2—Intellectual/Developmental Disabilities

Quality of Contact with DBHDD	Don't know	Very Poor	Poor	Adequate	Good	Very Good	Not Available
Georgia’s statewide Crisis and Access Line (GCAL) phone line	30	5	5	23	28	11	7
Georgia’s DBHDD website	34	1	1	13	31	8	13
DBHDD Region 5 office in Savannah	40	0	5	9	26	6	17

1. How would you rate each of the following for individuals with intellectual/developmental disabilities in your community?

Individuals with Intellectual/Developmental Disabilities	Don't know	Very Poor	Poor	Adequate	Good	Very Good	Not Available
Housing/residential choices and supports	63	9	24	25	9	9	5
Supported employment opportunities	62	14	27	24	10	3	5
Social activities and recreation	52	16	21	28	14	8	3
Day programs	49	6	21	35	20	12	3

Educational opportunities	61	3	19	34	21	8	3
Job training opportunities	68	10	22	26	12	6	11
Respite care services	78	11	14	15	15	9	5
Access to physical healthcare (doctors, dentists)	52	2	15	30	30	18	2
Access to mental healthcare (counselors, doctors)	51	3	16	26	27	23	2
Family support services	58	4	21	27	21	11	3
Transportation alternatives	61	9	17	29	15	11	5
Crisis/emergency response services	62	4	16	34	18	9	1
High school transition programs	69	5	20	21	18	4	5
Access to Medicaid waiver funding	88	4	23	17	11	3	4

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? Chatham (5), Glynn (6), Telfair (2), Camden (1), Pierce (2), Bacon (4), Bleckley (13), Pulaski (7), Ware (39), Charlton (2), Brantley (1), Laurens (9), Dodge (9), Pierce (1), Bulloch (9), Coffee (1).

3. Please use the space below to share additional comments related to needs of individuals with intellectual/developmental disabilities. Poor housing for families. Need respite services (Bleckley Co). Education/job training. More certified peer specialist need to be added to system. More services for children after high school. Faster response from BHL for crises. DD has more services than MI/AD. Not enough publicity for providers.

Part 3—Mental Illness

1. How would you rate each of the following for individuals with mental illness in your community?

Individuals with Mental Illness	Don't know	Very Poor	Poor	Adequate	Good	Very Good	Not Available
Housing/residential choices and supports	60	15	31	23	18	17	4
Supported employment opportunities	65	14	26	31	18	11	3
Peer support services	66	10	17	33	15	22	6
Day programs	49	10	18	39	23	26	4
Educational opportunities	58	10	24	33	23	17	5
Job training opportunities	66	12	20	33	22	9	4
Access to physical healthcare (doctors, dentists)	42	12	16	35	33	32	0
Access to mental healthcare (counselors, doctors)	32	7	16	40	35	36	0
Access to recovery support services	59	10	12	35	22	24	1
Family support services	38	9	21	31	27	14	1
Transportation alternatives	49	15	21	28	24	25	2
Crisis/emergency response services	58	6	21	35	20	23	1

Early intervention programs for children and youth	80	10	14	25	18	14	3
Other:							
Other:							

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? Chatham (5), Glynn (8), Charlton (2), Camden (2), Pierce (1), Bryan (1), Bleckley (11), Pulaski (6), Ware (43), Brantley (1), Laurens (13), Dodge (11), Bacon (5), Coffee (2), Bulloch (9), Treutlen (3), Telfair (6), Wheeler (1).

3. Please use the space below to share additional comments related to needs of individuals with mental illness. Need work programs to re-introduce to society. No income/technology to reach outside world. Transportation needed. Job coaching employment services, crises services. Need assistance finding help for families. School system provider support through age 21. Funding, more counselors & MH specialists needed in schools. Would like to see providers who receive public funding have positive names as opposed to using the term "Mental Health". Students are embarrassed to be seen by their friends as they go for services at these locations.

Part 4—Addictive Diseases

1. How would you rate each of the following for individuals with addictive diseases in your community?

Individuals with Addictive Diseases	Don't know	Very Poor	Poor	Adequate	Good	Very Good	Not Available
Housing/residential choices and supports	63	24	20	26	13	12	3
Day programs	66	8	16	31	22	15	7
Crisis/emergency response services	56	10	15	48	20	16	1
Peer support services	65	7	11	38	25	13	6
Family support services	72	7	16	32	22	12	0
Access to physical healthcare (doctors, dentists)	61	8	10	37	31	19	1
Access to mental healthcare (counselors, doctors)	50	6	13	39	31	27	0
Access to recovery support services	55	5	19	33	29	21	3
Transportation alternatives	62	14	23	27	15	13	4
Prevention/education programs focused on adults	71	11	14	38	19	11	2
Prevention/education programs focused on youth	78	10	15	26	20	11	2
Other:							
Other:							

2. In answering the questions above, what community (city, county, or geographic area) are you referring to? Chatham (3), Glynn (4), Camden (1), Bleckley (4), Pulaski (6), Ware (41), Charlton (2), Brantley (1), Pierce (1), Bulloch (7), Laurens (21), Dodge (9), Coffee (2), Telfair (5), Bacon (4).

3. Please use the space below to share additional comments related to needs of individuals with addictive diseases. Need residential treatment program for men @ Gateway. Need better programs to help clients who relapse. Need good recovery programs for AA, NA, MH. Most support is from School system. Officers address addiction 1st, mental illness later. Need funding for youth programs. More doctors and therapists needed in schools. There is very little information about what is available.