**Georgia Department of Behavioral Health & Developmental Disabilities**
*Frank W. Berry, Commissioner*

**Region Four Office**
*Post Office Box 1378 · 400 South Pinetree Boulevard · Thomasville, Georgia 31799-1378*
*(229) 225-5099 · Fax (229) 227-2918 · Toll Free (877) 683-8557*

# Region Four DBHDD Office

The Department of Behavioral Health and Developmental Disabilities (DBHDD) administers six regional offices across Georgia.

Each of DBHDD's field offices operates a community-based system of care for the clients it serves. Regional offices oversee contracts and monitor the performance of private providers who serve people living with developmental disabilities (DD) and behavioral health (BH) challenges. The community-based system allows clients to receive care in the least restrictive setting possible while helping them to obtain a life of independence and recovery.

Each regional office provides planning for and coordination of its provider network; offers technical assistance; and serves as the point of contact for consumers who have questions about accessing services.

**Region Four** serves the following counties in Southwest Georgia: Baker, Ben Hill, Berrien, Brooks, Calhoun, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Thomas, Miller, Mitchell, Seminole, Terrell, Thomas, Tift, Turner and Worth.

The Regional Planning Board is a volunteer board comprised of citizens from each of the 24 counties in Region Four. The Board identifies community needs and gaps in the current service system and makes formal recommendations to DBHDD. The Board also produces an annual plan for the region.

The Region Four office is located in Thomasville, Georgia.

**DBHDD Region Four Office**
400 South Pinetree Blvd.
Thomasville, Georgia 31757
Phone: (229) 225-5099
Fax: (229) 227-2918
Toll Free: (877) 683-8557

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# Region Four DBHDD Office

## Contact Information

**Regional Coordinator**
Ken Brandon
(229) 225-5099
kbrandon@dbhdd.ga.gov

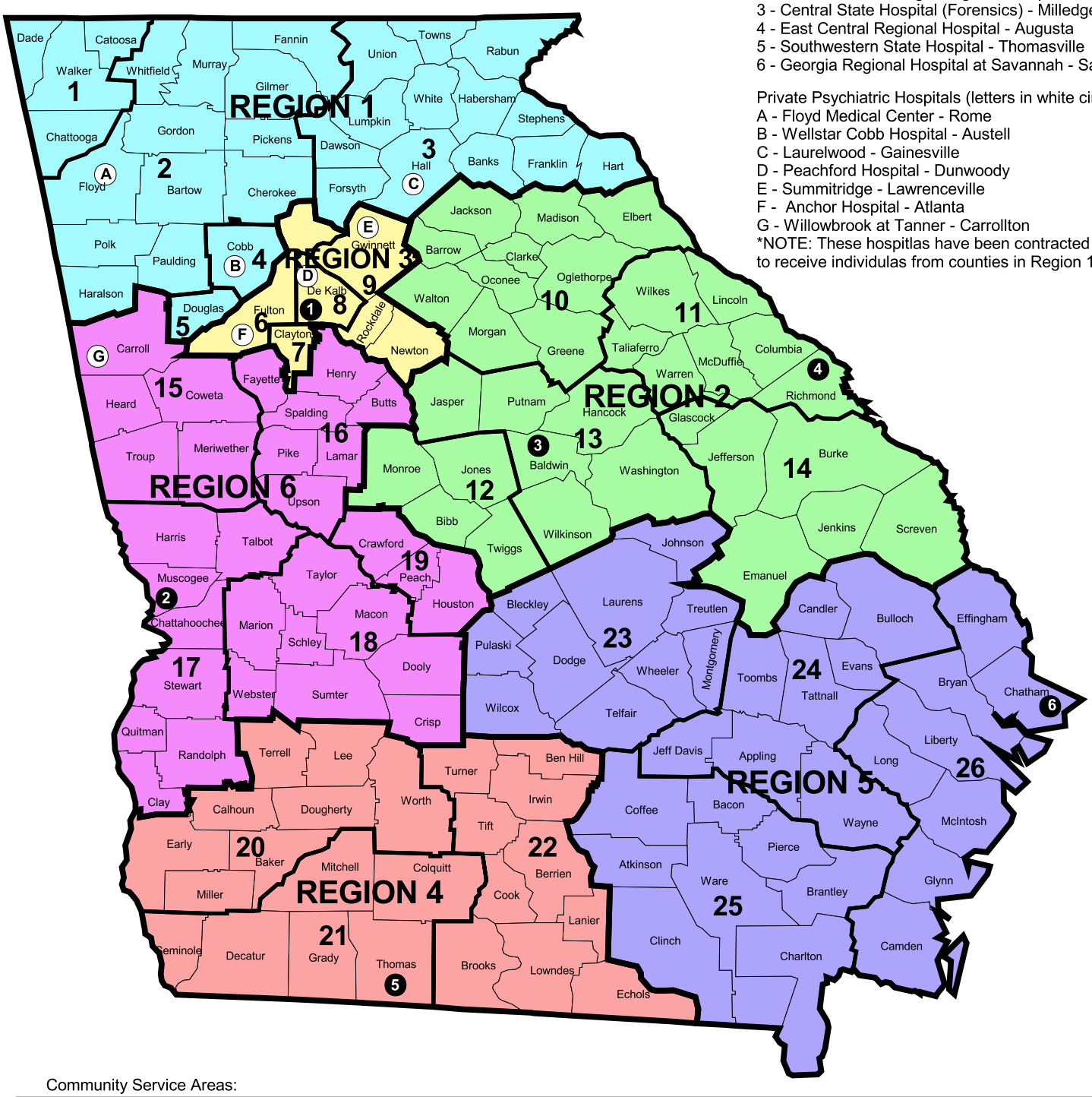
**Behavioral Health Regional Services Administrator**
Jennifer Dunn
(229) 225-5099
jwdunn@dbhdd.ga.gov

**Developmental Disabilities Regional Services Administrator**
Michael Bee
(229) 225-5099
mbee@dbhdd.ga.gov

# Georgia Department of Behavioral Health and Developmental Disabilities State Psychiatric Hospitals, Private Hospitals (Contracted) and Community Service Areas

State Psychiatric Hospitals (numbers in dark circles)
1 - Georgial Regional Hospital at Atlanta- Atlanta
2 - West Central Georgia Regional Hospital - Columbus
3 - Central State Hospital (Forensics) - Milledgeville
4 - East Central Regional Hospital - Augusta
5 - Southwestern State Hospital - Thomasville
6 - Georgia Regional Hospital at Savannah - Savannah

Private Psychiatric Hospitals (letters in white circles)
A - Floyd Medical Center - Rome
B - Wellstar Cobb Hospital - Austell
C - Laurelwood - Gainesville
D - Peachford Hospital - Dunwoody
E - Summitridge - Lawrenceville
F - Anchor Hospital - Atlanta
G - Willowbrook at Tanner - Carrollton
*NOTE: These hospitlas have been contracted by DBHDD to receive individulas from counties in Region 1.




Community Service Areas:

1 - Lookout Mountain Community Services
2 - Highland Rivers Community Service Board
3 - Avita Community Partners
4 - Cobb Community Service Board
5 - Douglas Community Service Board
6 - Fulton County MHDDAD
7 - Clayton Community Service Board
8 - DeKalb Community Service Board
9 - View Point Health (formerly GRN CSB)
10 - Advantage Behavioral Health Systems
11 - CSB of East Central Georgia (Serenity Behavioral Health)
12 - River Edge Behavioral Health Center
13 - Oconee Community Service Board
14 - Ogeechee Behavioral Health Services
15 - Pathways Center for Behavioral & Developmental Growth
16 - McIntosh Trail Community Service Board
17 - New Horizons Community Service Board
18 - Middle Flint Behavioral Healthcare
19 - Phoenix Center Behavioral Health Services
20 - Albany Area Community Service Board
21 - Georgia Pines Community MHMRSA Services
22 - Behavioral Health Services of South Georgia
23 - Community Service Board of Middle Georgia
24 - Pineland Area Community Service Board
25 - Unison Behavioral Health (formerly Satilla CSB)
26 - Gateway Community Service Board

*NOTE: Numbered Service Areas are for identification purposes only.

DBHDD, Office of Decison Support & Information Management (Created: 07/29/2013).

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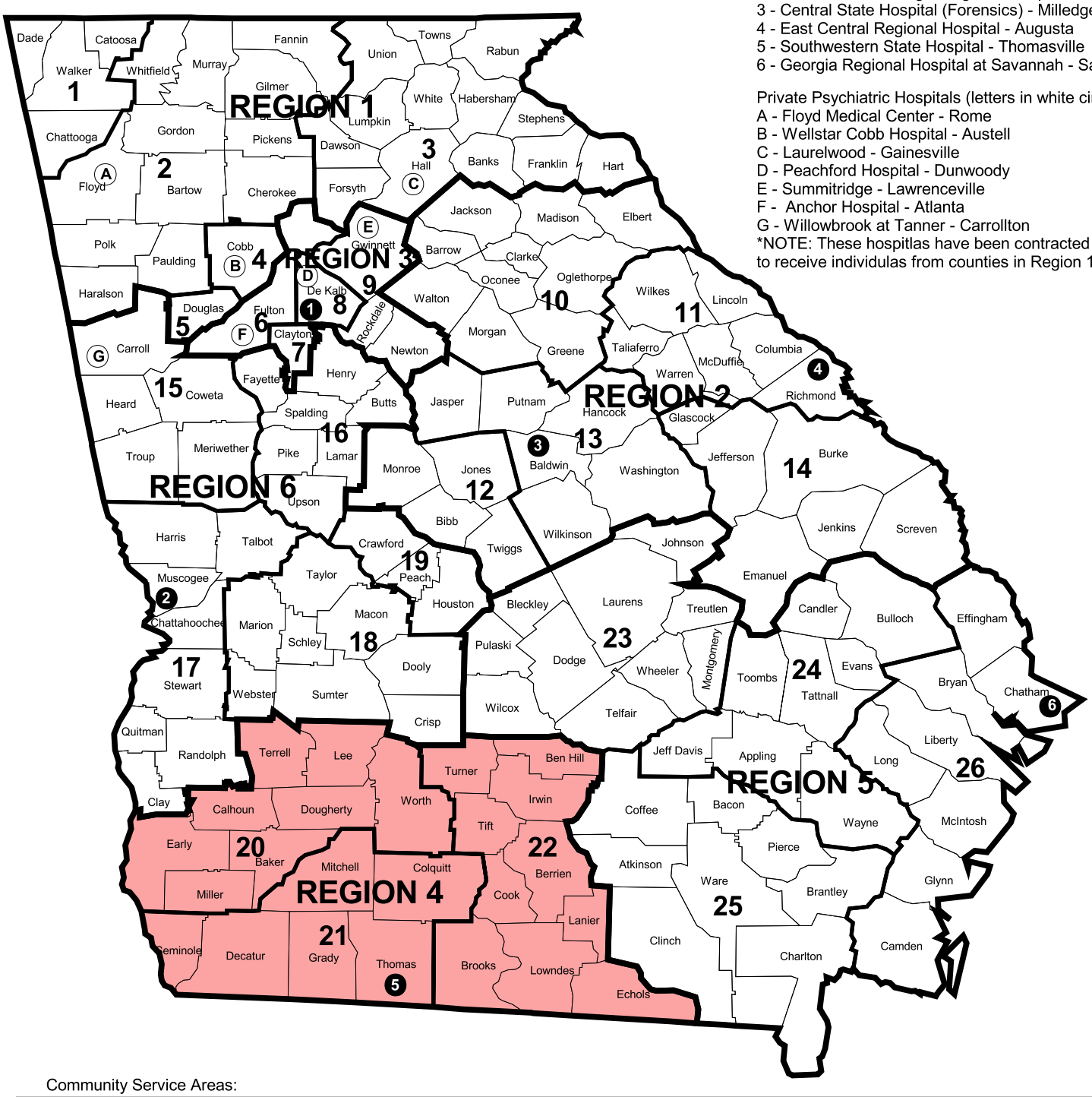


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# Region Four Community Service Providers

## Georgia Crisis & Access Line – (800) 715-4225

**Albany Area Community Service Board**
601 West 11th Avenue
Albany, GA 31702
Phone: (229) 430-4042
Fax: (229) 430-4047

**Counties Served:**
Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, Worth

Kay Brooks, Executive Director
kbrooks@albanycsb.org

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**Georgia Pines Community Service Board**
1102 Smith Avenue, Suite K
Thomasville, GA 31792-1659
Phone: (229) 225-4370
Fax: (229) 225-4374

**Counties Served:**
Colquitt, Decatur, Grady, Mitchell, Seminole, Thomas

Robert Jones, Director
bjones@gerogiapines.net

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**Behavioral Health Services of South Georgia**
3120 North Oak Street Extension, Suite C
Valdosta, GA 31602-1007
Phone: (229) 671-6102
Fax: (229) 671-6755

**Counties Served:**
Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner

David Sofferin, CEO
dsofferin@bhsga.com

# Region Four Community-Based Services

## BEHAVIORAL HEALTH

### Mental Health Services

**Adult Core Services** are basic outpatient services for people with a serious mental illness or an addictive disease. Services consist of evaluations by both a psychiatrist and a nurse; the development of a treatment plan, which may include prescription medication; a schedule of appointments for outpatient counseling; supported employment; and home visits by a community service worker. In Region Four, these services are provided by Community Service Boards (CSBs) in Albany, Thomasville and Valdosta. Behavioral Health Core Services include:

- Behavioral Health Assessment and Service Plan Development
- Psychological Testing
- Diagnostic Assessment
- Crisis Intervention
- Psychiatric Treatment
- Nursing Assessment and Care
- Medication Administration
- Community Support
- Individual Outpatient Services
- Group Outpatient Services
- Family Outpatient Services
- Pharmaceutical Treatment

**Assertive Community Treatment (ACT),** also known as "a hospital without walls," provides full service teams, with small caseloads, that offer more intense services in the community. Region Four has three ACT Teams operated by the region's CSBs. The teams are based in Albany, Moultrie and Thomasville and operate in a 30 mile radius of each town. Each team focuses on individuals with a serious mental illness who are most at risk for re-hospitalization, homelessness or incarceration. This service is specified in the DOJ Settlement Agreement.

**Behavioral Health Crisis Centers (BHCCs)** are enhanced Crisis Stabilization Units (CSUs) that combine short-term, 24/7, walk-in crisis intervention and counseling services with emergency receiving capability and crisis stabilization beds. Individuals who are experiencing behavioral health crises are provided assessment, short-term crisis counseling, supportive services and referrals for ongoing care. Staffing includes physicians, registered nurses, licensed clinicians and other behavioral health professionals to provide interventions designed to deescalate crisis situations and prevent out-of-community treatment or hospitalization. If individuals need a higher level of care, the attached CSU allows for admissions for short-term residential treatment.

**Case Management (CM) and Community Service Teams** go to individuals in their homes, or other places in the community, to support recovery efforts. Caseloads are usually limited to 30 individuals per staff member. These services are adjunct to the Core Services individuals receive and are designed to foster successful living in the community.

**Community Support Teams (CSTs)** consist of a nurse, a paraprofessional, a licensed team leader and a Certified Peer Specialist. They provide intensive behavioral health services to

individuals with severe mental illness who are discharged from a hospital after multiple or extended stays; have multiple discharges from crisis stabilization unit(s), correctional facilities or other institutional settings; or who are leaving institutions but are difficult to engage in treatment. Services include: symptom and medication management, illness self-management, crisis planning, one-on-one psychosocial rehabilitation and links to community resources. This service is provided to individuals to decrease hospitalizations, incarcerations, emergency room visits and crisis episodes, and increase community tenure/independent functioning; time working; and personal satisfaction and autonomy. Through active assistance and based on individualized needs, individuals become engaged in the recovery process.

**Crisis Apartments** provide short-term respite housing and subsequent placement assistance for individuals who are being discharged from CSUs or inpatient facilities but do not have housing. These apartments may also be used when individuals have a disruption in their usual housing arrangement and need a temporary place to stay, typically not longer than 14 days.

**Crisis Stabilization Units (CSUs)** function as emergency receiving facilities and provide crisis services in residential settings to rapidly stabilize the behaviors and symptoms of individuals in acute phases of mental illness, or to provide detoxification services to people high on drugs or alcohol. Individuals are usually discharged in five or fewer days and are referred to a core provider for outpatient services. There is one CSU in Albany with a capacity of 30 beds and an additional 6 temporary observation chairs. Average occupancy for the first quarter of Fiscal Year 2013 was 94%.

**Georgia Crisis and Access Line (GCAL)** is the central point of entry for all behavioral health services in Georgia. GCAL is a 24 /7 toll free help-line that directs individuals to personalized services to meet their immediate needs.

**Housing Vouchers** provide supported housing and bridge funding to persons with serious and persistent mental illness. Supported housing helps individuals attain and maintain safe and affordable housing while supporting their integration into the community. The program is designed to provide housing supports for tenants who are deemed ineligible for any other benefits or for whom a HUD voucher is not available.

**Independent Residential Services (IRSs)** provide scheduled residential services to consumers who require a low level of residential structure to maintain stable housing, continue with their recovery and increase self-sufficiency. Residential placements reflect consumer choice and are fully integrated in the community in scattered site individual residences. Similarly, Intensive Residential Services provide around-the-clock assistance to consumers within a residential setting, helping them to maintain housing stability and increase self-sufficiency.

**Intensive Case Management (ICM)** provides individualized supports and resource coordination for adults with a mental illness. ICM facilitates independent functioning, access to necessary services and an environment that promotes recovery. ICM interventions help individuals identify service needs; develop strategies and supportive interventions to avoid out-of-home placement or the need for more intensive services; increase social support networks; and coordinate rehabilitative services. Participation in ICM is expected to decrease psychiatric hospitalizations, incarcerations and episodes of homelessness, and increase housing stability and participation in employment activities.

**Mobile Crisis Response Service (MCRS)** is available to adults and children and provides community-based face-to-face crisis response 24 hours a day, seven days a week to individuals

in an active state of crisis. The MCRS offers short-term, mental health services for persons-in-need and is provided in community settings, including but not limited to homes, schools, hospital emergency departments and social service settings. Interventions include a brief situational assessment; verbal interventions to de-escalate the crisis; assistance in immediate crisis resolution/stabilization; mobilization of natural support systems; referral to alternate services at the appropriate level; and post-crisis follow-up to ensure linkage with recommended services.

**Peer Support Services** provide structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports and maintenance of community living skills. Individual Peer Support services are provided in the community by Certified Peer Specialists and help individuals achieve their recovery goals. Peer services are often provided by individuals with lived recovery experience. Activities are consumer motivated, initiated and/or managed and assist individuals in living as independently as possible. Services are operated by the region's three CSBs and one private provider.

**Psychosocial Rehabilitation-Individual (PSR-I)** services consist of rehabilitative skills building, personal development of environmental and recovery supports considered essential in improving functioning; learning skills to promote self-access to necessary services; and in creating environments that promote recovery and support the emotional and functional improvement.

**Supported Employment** emphasizes that rapid job search and placement should be prioritized above traditional prevocational training or traditional vocational rehabilitation. Job development, placement and training assist people who, due to the severity of their disabilities, need support to locate, choose, obtain, learn and maintain a job. Services include supports to choose and obtain paid employment at competitive wages, individually-based community jobs, and brief training to learn the specific skills necessary to perform and retain a particular job.

**Treatment Court Services** pair traditional outpatient behavioral health services with court systems for individuals with severe and persistent mental illness and/or chronic substance abuse issues and histories of legal involvement. Functionally, traditional behavioral health service providers work with Superior or State Courts to craft treatment plans for which the court holds consumers accountable in lieu of incarceration. In Region Four, the Dougherty County Superior Court partners with the Albany CSB and Albany ARC to operate a treatment court serving individuals who have committed non-violent felony or misdemeanor crimes. In conjunction with Georgia Pines CSB, the State Court Judge in Mitchell County operates a drug court.

## Addictive Disease Services

**Specialty Services: Ambulatory Substance Abuse Detoxification** is the medical monitoring of withdrawal from alcohol or other drugs in an outpatient setting and is available to individuals with an appropriate level of readiness for behavioral change and level of community/social support. Residential Substance Detoxification is an organized and voluntary service that is delivered by trained staff who provide 24/7 supervision, observation and support for individuals during detoxification. Residential detoxification is characterized by its emphasis on medical monitoring and/or peer and social support, and reflects a range of residential detoxification service intensities defined by the American Society of Addiction Medication.

**Specialty Services: Intensive Residential Treatment Services** provide 24/7 clinically managed medium/high intensity services in residential settings for individuals with a substance use disorder. These services help clients successfully maintain sobriety while transitioning into recovery. Through skill building programming, individuals are able to transition into stable housing in the community and increase self-sufficiency.

## DEVELOPMENTAL DISABILTIES

### Developmental Disabilities Services

All services are designed to encourage and build on existing social networks and natural sources of support, and to promote inclusion in the community and safety in the home environment. Contracted providers are required to have the capacity to support individuals with complex behavioral and or medical needs.

The services a person receives depends on a professional determination of level of need and the services and other community resources available:

**Adult Occupational Therapy Services** promote fine motor skill development, coordination and sensory integration, and facilitate the use of adaptive equipment or technology.

**Adult Physical Therapy Services** address participants' physical therapy needs resulting from developmental disabilities. These services promote gross and fine motor skills and facilitate independent functioning.

**Adult Speech and Language Therapy Services** address adult participants' speech and language therapy needs, preserving their speech communication capacity and function.

**Behavioral Supports Consultation** is the professional-level service that assists participants with significant, intensive and challenging behaviors that interfere with activities of daily living, social interaction, work or similar situations.

**Community Access** is designed to help participants acquire, retain or improve self-help, socialization and adaptive skills required for active participation and independent functioning outside the home.

**Community Guide** services are only for participants who opt for participant direction. These services help participants to define and direct their own services and supports and to meet the responsibilities of participant direction.

**Community Living Support** services are individually tailored supports that assist with the acquisition, retention or improvement of skills related to participants' continued residence in their family homes.

**Community Residential Alternatives** are available to individuals who require intense levels of residential support in small group settings of four or fewer or in host home/life-sharing arrangements. Services include a range of interventions that focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management and use of leisure time.

**Crisis Respite Homes** exist in residential settings and provide short-term crisis services. Each home serves up to four individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions. Placement in Crisis Respite Homes occurs when individuals have not responded to less restrictive crisis interventions.

**Environmental Accessibility Adaptation** consists of physical adaptations to participants' (or family members') homes which are necessary to ensure the health, welfare and safety, or which enable individuals to function with greater independence in the home.

**Financial Support Services** are provided to assure that participant-directed funds outlined in Individual Service Plans are managed and distributed as intended.

**Group Homes** are licensed homes that serve up to four individuals with developmental disabilities who require intense levels of residential support. Group Homes provide a range of interventions that focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management and use of leisure time.

**Host Homes** are private homes of individuals or families, whether owned or leased, in which life-sharing, residential supports are provided to one or two adults with developmental disabilities, who are not to be related to the occupant owner or lessee by blood or marriage. The homeowners or lessees may not be employed by the provider agency that subcontracts for the host home services.

**Individual Directed Goods and Services** that are not otherwise be provided through the NOW or Medicaid State Plan may be identified by individuals, support coordinators and interdisciplinary teams, and include services, equipment and supplies.

**Individual Support Plan** is the range of services an individual receives based on professional determination of need.

**Mobile Crisis Services** dispatch Mobile Crisis Teams (MCTs) to crisis locations for individuals with developmental disabilities. MCT members are responsible for completing comprehensive assessments of each crisis situation and mitigating risks to health and safety of individuals in crisis and/or others. MCTs also make referrals to intensive crisis services or hospital emergency rooms if necessary.

**Natural Support Training** exists for individuals who provide unpaid support, training, companionship or supervision to participants.

**Prevocational Services** prepare participants for paid or unpaid employment and include teaching concepts such as compliance, attendance, task completion, problem solving and safety.

**Respite Services** provide brief periods of support or relief for individuals with disabilities or their caregivers and include maintenance respite for planned or scheduled relief or emergency/crisis respite for a brief period of support for participants experiencing crisis (usually behavioral) or in instances of family emergency.

**Specialized Medical Equipment** consists of devices, controls or appliances specified in the Individual Service Plan, which enable participants to increase their abilities to perform activities of daily living and to interact more independently with their environment.

**Specialized Medical Supplies** consist of food supplements, special clothing, diapers, bed wetting protective sheets and other authorized supplies specified in the Individual Service Plan.

**Support Coordination** is a set of interrelated activities that identify, coordinate and review the delivery of appropriate services with the objective of protecting the health and safety of participants while ensuring access to services.

**Supported Employment** enables participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, to work in a regular work setting.

**Transportation** services enable participants to gain access to waiver and other community services, activities, resources, and organizations typically utilized by the general population. These services do not include transportation available through Medicaid non-emergency transportation or as an element of another waiver service.

**Vehicle Adaptation** includes adaptations to participants' (or family members') vehicles approved in the Individual Service Plan, such as hydraulic lifts, ramps, special seats and other modifications to allow for access into and out of the vehicle as well as safety while moving.

## New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP)

The New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP) are Medicaid programs that provide supports to people living with developmental disabilities who want to live at home or in other kinds of community living arrangements. The services offered through these waivers provide supports 24 hours a day, 7 days a week.

The NOW Waiver provides supports to individuals who need less intensive services and do not need 24-hour care. It was designed for people with disabilities who live with family members or in their own home.

The COMP Waiver was designed for people who need a full range of out-of-home services or intensive in-home services. It is also used for people who are transitioning out of institutions into community living.

The New Options Waiver (NOW) and Comprehensive Supports Waiver (COMP) programs represent Georgia's continuous commitment to improve home and community-based services for persons with developmental disabilities.

Both NOW and COMP provide:

- Supports for community connection building and participant direction
- Significant support coordination services to participants and their families
- A participant-centered assessment process to determine individual support needs
- An Individual Service Plan to address the needs of the individual and their family
- An individual budget and a simplified individual budget process that increases flexibility in service delivery to meet individual needs, including a process for interim modifications to the budget
- Significant safeguards for participants and families to ensure the delivery of quality services and supports; and the use of qualified service providers

**Service Delivery Methods:** All NOW and COMP program participants have two options for receiving services. Participants may choose the provider managed (traditional) service delivery option, or opt to self direct allowable waiver services under the Participant-Direction Option. Both of these methods give participants and family members flexibility, choice and control over the delivery of the waiver services.

**Implementation:** The Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Developmental Disabilities implements and oversees day-to-day operations of the waivers. The Department of Community Health (DCH) is the State Medicaid Agency and has oversight of the waivers.

DBHDD is responsible for participant/individual needs assessments, level of care (LOC) determinations, Intake and Evaluation of current and potential waiver recipients, and the assignment of support coordination services. The Department also manages provider enrollment, certification and approvals, in conjunction with DCH.

# Region Four Emergency Receiving Facilities

**CRISIS STABILIZATION UNITS:**

**Albany Area Community Service Board**
601 West 11th Avenue
Albany, GA 31702

**Albany Area Crisis Stabilization Program**
903 W 11th Avenue
Albany, GA 31701

*Director:* Kay Brooks
kbrooks@albanycsb.org
(229) 430-6006

*Medical Director:* Jaymal Patel, MD
(229) 430-4005

**PRIVATE HOSPITAL RECEIVING FACILITIES:**

**Phoebe Putney Memorial Hospital** Emergency Room Contact: (229) 312-1000
417 3rd Avenue West
Albany, GA 31701

President/CEO: Joel Wernick
VP of Clinical Services: Richard Bowe, MD
Phone: (229) 312-1321

**John D. Archbold Memorial Hospital** Emergency Room Contact: (229) 228-2000
915 Gordon Avenue
Thomasville, GA 31792

President/CEO: Perry Mustian
VP of Clinical Services: Ken Brooker
Phone: (229) 228-2935

**Turning Point** Intake and Admissions: (229) 985-4815
3015 Veterans Parkway S
Moultrie, GA 31788-6705

President/CEO: Ben Marion
Medical Director: Peggy Yates
Phone: (229) 985-4815

**STATE HOSPITAL RECEIVING FACILITY:**

**Southwestern State Hospital**
400 South Pinetree Blvd.
Thomasville, GA 31792
Phone: (229) 227-3010
Fax: (229) 227-2964

Regional Hospital Administrator: Emile Risby, MD (Interim)
Clinical Director: Holly Crowley, MD (Acting)
Social Services Chief: Lisha Jones, LCSW