Georgia Department of Behavioral Health and Developmental Disabilities & Chatham County Safety Net Planning Council, Inc.

Behavioral Health

2014 Baseline Evaluation

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Executive Summary

Chatham County Safety Net Planning Council (Safety Net) was created in 2004 and serves as a county-wide planning group to improve access to healthcare and assist the Chatham County Commissioners to best meet the healthcare needs of uninsured and underinsured constituents. Since 2006, Safety Net has provided an annual evaluation to identify existing resources and gaps in the community's healthcare delivery system. This evaluation is based on data voluntarily submitted by provider partners and is presented to the County Commissioners and published on the Safety Net website. The annual provider evaluation compares key metrics across previous years so we can document our progress, measure our successes, better understand new issues and challenges, and get an idea of what key areas need to be addressed and design appropriate interventions. This Evaluation helps Chatham County determine the level of investment in indigent care and develop strategies to improve coordination of care and is used to inform investments by the County, outside funders and local stakeholders.

Safety Net is a highly diverse planning body composed of primary care providers and other agencies which support healthcare delivery. Specifically this includes representatives from: health organizations, including federally qualified health centers, hospitals providing care to the uninsured/underinsured, public health departments, and private providers which may include but not limited to the medical, dental and mental health community; governmental representatives from relevant government agencies including but not limited to county and city government representatives and the Department of Family and Children's Services (DFCS) Public service, outreach and advocacy organizations; and others as deemed necessary. Gateway Community Service Board (Gateway CSB) and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) are two important mental health partners and the CEO of Gateway is a member of Safety Net's Executive Board of Directors.

Behavioral Health Services continue to be a high need for the County, especially when substance and alcohol abuse exist with mental health diagnoses. The Safety Net Provider Committee prioritized mental health resources as a primary issue in 2013 to ensure triage of mental health issues could be conducted in the clinics. In addition, making crisis resources known to the clinics is critical to prevent escalating situations. In 2013, our providers reported they reached 2,744 consumers; services included assessments and service plan development as well as crisis intervention, psychiatric treatment, group and family treatment, and community support.

But this does not paint the whole picture for Chatham County. Providing adequate behavioral health care to the un- and underinsured continues to be a community challenge. Solving this complex healthcare access issue requires resources beyond the primary care partners of the Safety Net. We need a clear picture of the behavioral health and developmental disability services provided to uninsured and underinsured constituents in Chatham County to understand how we could improve the system and be impactful in our efforts.

In 2015 Safety Net and DBHDD agreed to partner to review their provider network data for Chatham County. For the first time, an evaluation of the state of the behavioral health system

will be presented to the County Commission. This evaluation of behavioral health prevalence, capacity and system gaps, utilizing 2014 adult data, provides the baseline data to help inform County leadership on those needing services for mental health or drug addiction, our capacity to meet those needs and recommendations to improve stakeholder engagement, data and service delivery of the behavioral health system. This evaluation marks the beginning of our understanding of the true magnitude of issues and challenges facing Chatham County.

This evaluation focuses ONLY on adults and behavioral and addictive health services. This report does not include juveniles or data on developmental disabilities. As a next step, Safety Net and DBHDD will complete a baseline evaluation focusing on juvenile mental health and developmental disabilities in early 2016.

Why We Care

A Growing Problem: Historically, mental and substance use disorders were not a global health priority, especially when compared with communicable diseases and non-communicable diseases such as cancer or cardiovascular disease. Services for mental and substance use disorders have typically been neglected, and in many countries were segregated from mainstream health care with resourcing not commensurate with the burden.[1] Since the 1993 World Development Report[2] by the World Bank, global attention has been focused on the relative burden associated with disease morbidity, rather than mortality alone. The move to incorporate the effects of disease morbidity has been key in emphasizing the importance of mental and substance use disorders.

The burden of mental illness on health and productivity in the United States and throughout the world has long been underestimated. Data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveals that mental illness, including suicide, accounts for over 15% of the burden of disease in established market economies, such as the United States. This is more than the disease burden caused by all cancers.

In the United Sates, 1 in 5 adults experience a mental health condition every year. 1 in 20 lives with a serious mental illness such as schizophrenia or bipolar disorder. In addition to the person directly experiencing a mental illness, family, friends and communities are also affected. 50% of mental health conditions begin by age 14 and 75% of mental health conditions develop by age 24. The normal personality and behavior changes of adolescence may mimic or mask symptoms of a mental health condition. Early engagement and support are crucial to improving outcomes and increasing the promise of recovery.[3]

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[1] Degenhardt, L, Whiteford, H, Hall, W, and Vos, T. Estimating the burden of disease attributable to illicit drug use and mental disorders: what is 'Global Burden of Disease 2005' and why does it matter?. *Addiction*. 2009; **104**: 1466–1471

[2] Ustün, TB. The global burden of mental disorders. *Am J Public Health*. 1999; **89**: 1315–1318

[3] http://www.nami.org/Learn-More/Mental-Health-Conditions#sthash.29SDUCll.dpuf

Local System Impact: Mental and addictive disease utilizes local resources driving up the costs to state and local budgets in areas including emergency medical care, police staffing and jail costs. People with mental illness utilize the emergency department (ED) for acute psychiatric emergencies, for injuries and illnesses complicated by or related to their mental health issue, or when psychiatric or primary-care options are inaccessible or unavailable.[4,5] An estimated 5% of ambulatory-care visits in the United States during 2007–2008 were made by patients with primary mental health diagnoses.[6] Good mental health services require a system of care that includes EDs, hospitals, and ambulatory-care clinics that are adequately resourced.

According to data from the Substance Abuse and Mental Health Services Administration, more than 41 million (18 percent) of American adults had some form of mental illness and nearly 20 million (8 percent) had an addiction in 2011. Costs for treating patients with chronic medical conditions accompanied by mental illnesses and addictions can be two to three times higher than those without these disorders, totaling an estimated $293 billion in 2012 across commercially-insured, Medicaid and Medicare beneficiaries in the United States.[7]

By better integrating medical and behavioral health care and expanding the use of evidence-based practices to coordinate care, providers can treat mental illnesses and addictions, as well as chronic medical conditions. These savings can be reallocated to expand services to those with behavioral health disorders, allowing for resizing of funding pools for acute care, specialty care, primary care and behavioral health care. Lower use acute care and specialty utilization can then permanently fund expanded integration of primary care and behavioral health services, breaking the cycle that has been driving health care costs up unnecessarily.[8]

In a mental health crisis, people are more likely to encounter police than get medical help. As a result, it is estimated 2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have a serious mental health condition. The vast majority of the individuals are not violent criminals—most people in jails have not yet gone to trial, so they are not yet convicted of a crime. The rest are serving short sentences for minor crimes.

Once in jail, many individuals don't receive the treatment they need and end up getting worse, not better. They stay longer than their counterparts without mental illness and are at risk of victimization.

For many, the jail is the only place they receive healthcare. After leaving jail, many no longer have access to needed healthcare and benefits. A criminal record often makes it hard for

[4] Downey LV, Zun LS, Gonzales SJ. Utilization of emergency department by psychiatric patients. Primary Psychiatry 2009;16:60–4.
[5] Freeman EJ, Colpe LJ, Strine TW, et al. Public health surveillance for mental health. Prev Chronic Dis 2010;7:A17.
[6] CDC. Mental illness surveillance among adults in the United States. MMWR 2011;60(Suppl 3).
[7] Need footnote.
[8] http://www.thenationalcouncil.org/topics/business-case-care/ Accessed 12/6/15.

individuals to get a job or housing. At least 83% of jail inmates with a mental illness did not have access to needed treatment. Many individuals, especially without access to mental health services and supports, wind up homeless, in emergency rooms and often re-arrested.

Jailing people with mental illness creates huge burdens on law enforcement, corrections and state and local budgets. It does not protect public safety. And people who could be helped are being ignored.[9] If we seek to understand the behavioral health problem in Chatham County we could work on a variety of jail diversion programs, re-entry programs, and provide education and support to individuals and families at risk of involvement in the justice system.

In Georgia, about 244,000 adults (3.4% of all adults) per year in 2009–2013 had Serious Mental Illness (SMI) within the year prior to being surveyed.[10] In Georgia, about 476,000 adults with Any Mental Illness (AMI) (38.9% of all adults with AMI) per year in 2009–2013 received mental health treatment or counseling within the year prior to being surveyed.[11]

Chatham County has recognized the enormity of the behavioral health issues in our community, the stresses it puts on local systems and the need to build capacity for mental health and addictive services. In 2014, Chatham County contracted with the Coastal Georgia Indicators Coalition, Inc. (CGIC), a group of community members and advocates working together in a comprehensive, coordinated approach to develop a community-wide long range strategic plan for Chatham County. The *Chatham Community Blueprint* outlines the strategic priorities for four areas—economy, education, health, and quality of life—to guide policy, programs and resource allocation over the next 20 years. Goal One under the Health priority area states:

> *GOAL 1: Effectively address mental health by educating the public and reducing stigma, increasing early intervention programs, removing gaps and barriers, and increasing access to treatment particularly as it impacts incarcerated individuals, children, and adolescents.*

Below is a table outlining the prevalence of adult severe mental illness (SMI) and any mental illness (AMI) in Chatham County. We realize this data does not reflect substance abuse, addictive disease prevalence or developmental disabilities, nor does it reflect the prevalence of these issues on our juveniles. In addition, this data reflects only the number of individuals receiving care through the DBHDD contracted services; it does not reflect the capacity of practitioners without a relationship with DBHDD, law enforcement or the justice system.

[9] http://www.nami.org/Learn-More/Mental-Health-Public-Policy/Jailing-People-with-Mental-Illness#sthash.TLpr5ziD.dpuf

[10] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

[11] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Chatham County, GA

Statistics	Percent of Population	Population
Population*		283,379
Population Over Age 18 (percent)*	77.8	220,469
Persons below poverty level, 2009-2013*	19.1	54,125
Adults with Severe Mental Illness (SMI) **	3.4	9,635
Adults with Any Mental Illness (AMI)**	38.9	110,234
Individuals receiving Behavioral Health Services through DBHDD***		3,968

*Source: U.S. Census Bureau: State and County QuickFacts.

**Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

***Includes State Contracted Services and Medicaid individuals

State and Local Behavioral Health System Evolution

HS 100 and the creation of Community Service Boards: Until 1994 the Chatham County Health Department offered comprehensive community mental health services and the mental health program included mental health and substance abuse programs. In April 1993, Governor Miller signed Georgia House Bill (HB) 100, intended to reform Georgia's mental health system. This legislation called for, among other things, the creation of Regional and Community Service Boards (CSBs) designed to empower consumers and families served by the mental health system. When HB 100 was passed there had been a good relationship with the County Board of Health and the State Agency and the Department of Health and Rehabilitation.

Under HB 100 the regional CSB board, Tidelands, was created and included Chatham and Effingham counties and operated throughout the 1990s. In addition to the state funding, Tidelands received $400,000 annually from Chatham County to provide direct services. Although Tidelands had innovative programs, it consistently ran over-budget and relied on the state agency to bail them out. All direct services were contracted out to Universal Healthcare who could not sustain the operations in Savannah, causing Tidelands to collapse.

After the collapse of Tidelands, Chatham County attempted to create its own collaborative. In 2002, four organizations—Memorial University Health System, Union Mission, Recovery Place and the Savannah-Chatham Housing Authority for the Homeless created the Savannah Area Behavioral Health Collaborative (SABHC)[12], to fill the gap created in Tidelands' absence. The state contracted with SABHC, but eventually partners pulled out and the collaborative fell apart.

Gateway Behavioral Health Services, based in Brunswick, took over responsibility for the CSB. When this happened Chatham County withdrew its annual contribution. Gateway CSB operations were eventually managed by the state due to mismanagement of funds and services. In 2013 the state appointed David Crews and through his leadership, Gateway CSB has been

[12] http://www.nonprofitfact.com/GA/Savannah-Area-Behavioral-Health-Collaborative-Inc. Accessed on 12/14/15.

working with Chatham County and reengaging in efforts there. Dr. Mark Johnson has now been appointed as the new CEO of Gateway CSB and his office is located in Chatham County.

Due to the shift to Brunswick, lack of funding, leadership and operational challenges at Tidelands, Gateway CSB and SABHC, behavioral health efforts in Chatham County have struggled for a number of years. Although it will continue to have its administrative offices in Brunswick, Gateway CSB is now in the process of moving its headquarters to Chatham County to facilitate its role in the community and Safety Net.

Shift from institutional approach to a system of recovery: Recovery is a term that grew out of substance abuse programs. This concept has also been applied to mental health. People with mental illness who are stable—meaning they are on their medications, have access to regular treatments and supports and employed—are capable of living relatively independently. Georgia's new approach and model includes treatment teams in the field, government-supported housing and employment, wellness centers and peer-support programs, where people in the process of recovery can offer guidance and encouragement to one another. Those community-based facilities will be linked to a statewide system of comprehensive mental health services. The SAMSHA definition of recovery succinctly captures the goals of a recovery oriented system: "individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" that applies to all the individuals served.

The state shifted many of their resources and investment from the state hospitals or institutional approach to this system of recovery. However, by eliminating all in-patient options for people with severe mental illness, without the support systems accessible and in place, these people are relegated to homelessness or incarceration. Closing hospitals before you have adequate care systems in place is a prescription for failure.

Olmstead Act of 1999: The story of the Olmstead case begins with two women, Lois Curtis and Elaine Wilson, who had mental illness and developmental disabilities, and were voluntarily admitted to a psychiatric unit in the State-run Georgia Regional Hospital System. Following the women's treatment there, mental health professionals stated that each was ready to move to a community-based program. However, the women remained confined in the institution, each for several years after the initial treatment was concluded. They filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.

On June 22, 1999, the United States Supreme Court held in Olmstead v. L.C. that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the ADA. The Court held that public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

The Supreme Court explained that its holding "reflects two evident judgments." First, "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable of or unworthy of participating in community life." Second, "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."[13]

The Olmstead Act raised the consciousness of Americans regarding those with mental illness and developmental disabilities resulting in a paradigm shift of mental health delivery away from institutionalization to community structures.

Department of Justice Lawsuit and resulting state service delivery changes: Although the Olmstead Act was passed in 1999, the state of Georgia was slow to make changes. The Justice Department began an investigation in 2007, and found that preventable deaths, suicides and assaults occurred with alarming frequency in the state hospitals. In January 2009, the Justice Department entered into a settlement agreement with the state of Georgia regarding conditions in the hospitals. Further investigation found that the state also failed to serve individuals with mental illness and developmental disabilities in the most integrated setting appropriate to their needs, in violation of the ADA and the Olmstead decision.

In January 2010, the department filed a freestanding complaint under the ADA and a motion for immediate relief seeking to protect individuals confined in the hospitals from continued segregation and from threats of harm to their lives, health and safety. The department subsequently entered into extensive settlement negotiations with Georgia, the Office for Civil Rights and local mental health advocates. On October 19, 2010, the Justice Department obtained a comprehensive agreement regarding the State of Georgia's mental health and developmental disability system.[14] Under the agreement, Georgia agreed to make the following changes by 2014:

a) Increase its assertive community treatment, intensive case management, case management, supported housing and supported employment programs to serve 9,000 individuals with mental illness in community settings;
b) Increase community crisis services to respond to and serve individuals in a mental health crisis without admission to a state hospital, including crisis services centers, crisis stabilization programs, mobile crisis and crisis apartments;
c) Create at least 1,000 Medicaid waivers to transition all individuals with developmental disabilities from the state hospitals to community settings; and,
d) Increase crisis, respite, family and housing support services to serve individuals with developmental disabilities in community settings

(Please note items C and D above will be addressed in a separate baseline evaluation on developmental disabilities).

[13] http://www.ada.gov/olmstead/olmstead_about.htm Accessed on 12/8/15.
[14] http://www.justice.gov/opa/pr/justice-department-obtains-comprehensive-agreement-regarding-state-georgia-s-mental-health Accessed on 12/8/15.

Specifically, to address items A and B above, the settlement resulted in the following investments in the Chatham County behavioral health system:

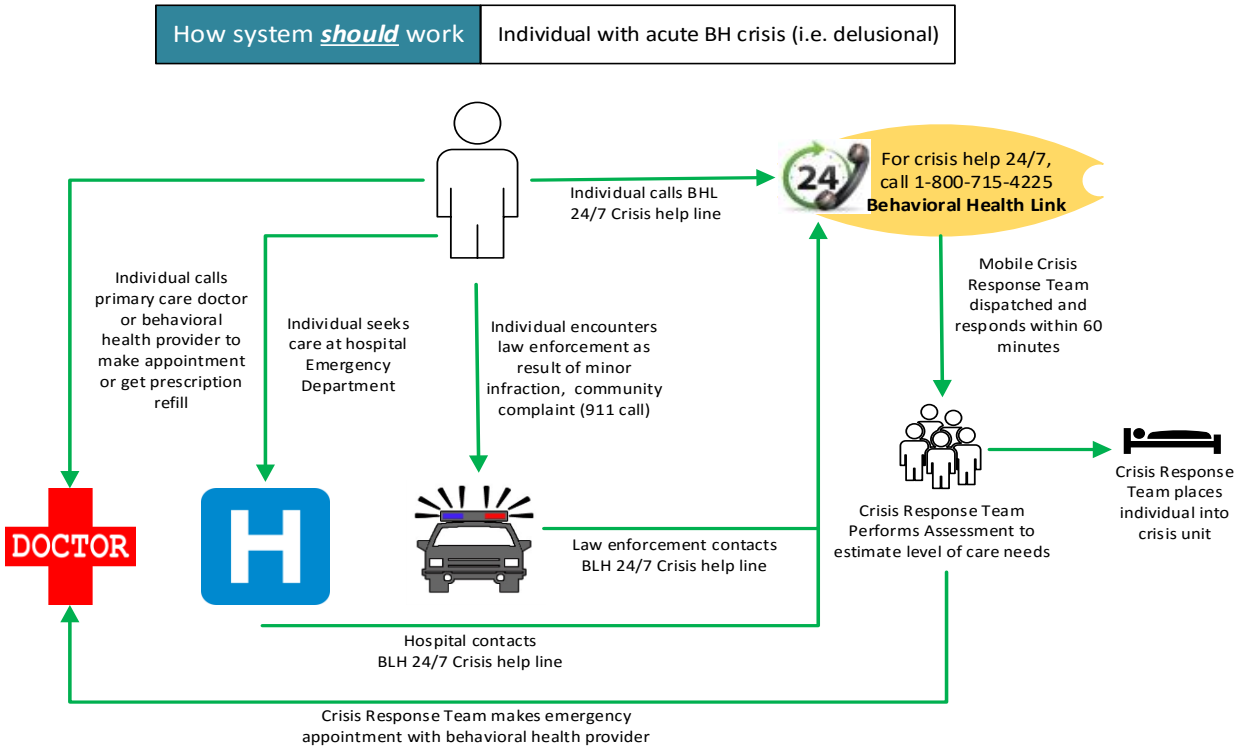
- Mobile Crisis Response Services throughout county, region and state exist.
- Crisis Stabilization Unit established at Coastal Harbor, including 16 crisis beds and 6 observation beds
- Two Assertive Community Treatment (ACT) Teams at American Work
- One Intensive Case Management (ICM) Team at Gateway CSB
- Two dedicated Case Managers at Gateway CSB
- Six Crisis Respite apartments at Gateway CSB

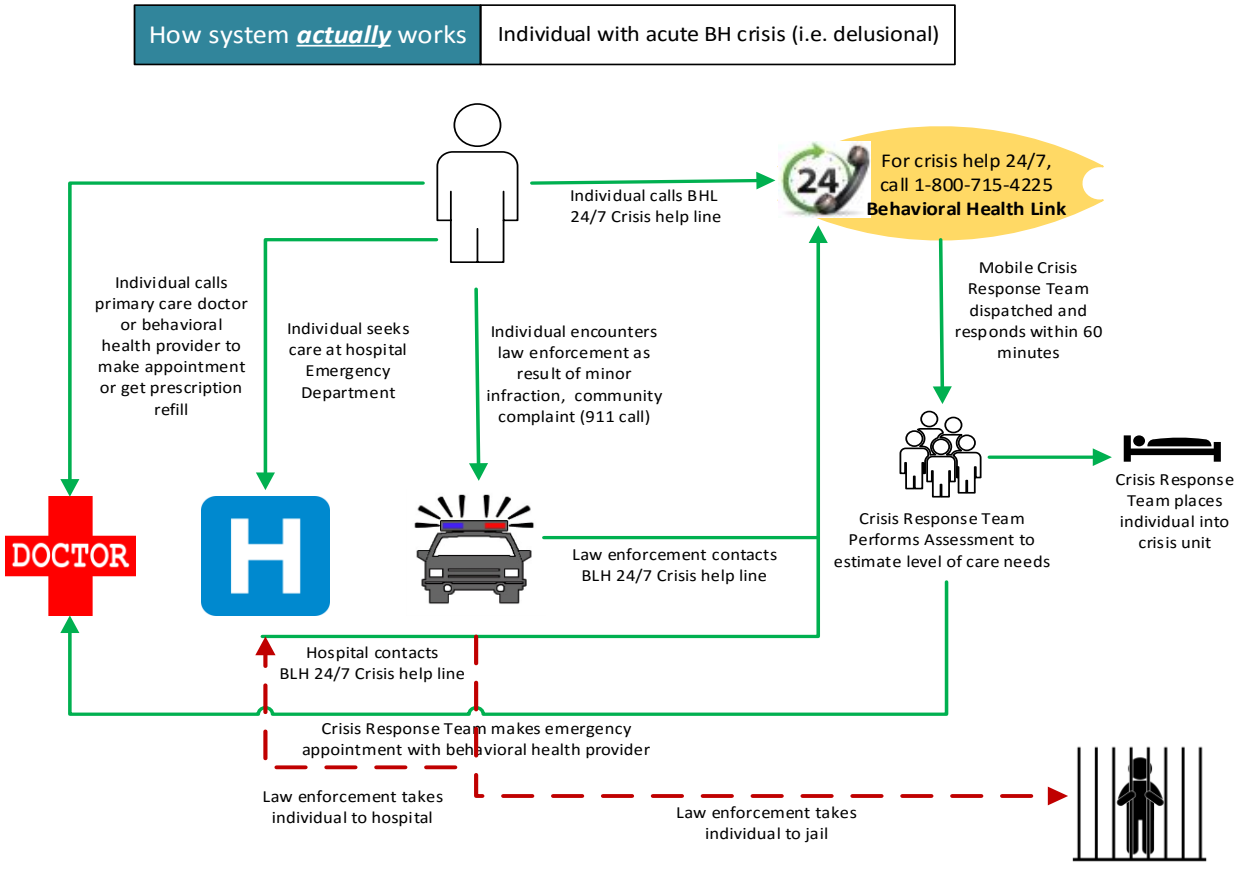
Chatham County is also working in partnership with the DBHDD and the Georgia Department of Community Affairs to create more housing and build capacity for the Housing Voucher Program to meet the Justice Department settlement terms.

Staffing Shortages in mental health: CSBs hire psychiatrists, advanced practice nurses, professional counselors, social workers and clinical social workers, and advanced degrees and state licensure are required for these workers. Fewer and fewer people are choosing to enter the mental health field. In the 1960s people wanted to go into mental health but this is no longer the trend. Now students are focusing in areas of study such as marketing and IT and competition is high within the mental health programs that do exist. The average age of a psychiatrist is 55, demonstrating the capacity gap we are facing in the field.

People also tend to stay close to where they get graduate education and the access to this type of education is limited in the Savannah-Chatham County area.

How Does a Consumer Access Care?





Conclusions and Recommendations

Collaboration and action between all relevant stakeholders is essential to impact change. Although the data provided in this evaluation describes only part of the picture, it serves as a baseline in our understanding and is a call to action to improve local capacity and access to those providers. Many other stakeholders are needed in order to truly understand capacity and create effective change in Chatham County. As a first step, we recommend that a **stakeholder forum** should be held in early 2016 to discuss how we should best work together to **better assess the behavioral health landscape** in Chatham County and **forge an action plan** to improve capacity and access to behavioral health services. Stakeholders who should be invited include:

- Accountability Courts, including small drug offenders and mental health courts
- Chatham County Jail
- Georgia Department of Corrections
- Georgia Mental Health Consumer Network
- Homeless Authority
- Hospitals
- Health Providers, including Federally Qualified Health Centers, free clinics, and other mental health providers serving the poor
- National Alliance on Mental Illness (NAMI)
- Private practitioners without a relationship with the DBHDD or Medicaid
- Savannah-Chatham County Law Enforcement
- Union Mission
- Veterans Association

Baseline evaluations are needed to assess capacity for juvenile behavioral health services and developmental disabilities. CCSNPC and the DBHDD are working together to develop a baseline evaluation to begin to assess capacity for both juvenile behavioral health services and developmental disabilities, which are often co-diagnosed with behavioral health.

A Behavioral Health Walk-In Center is essential to divert persons from the Emergency Departments and the Chatham County Jail. For many in Chatham County, mental health treatment, services and supports are not available until a crisis occurs. Persons with an acute behavioral health crisis often end up in the Emergency Department or in an encounter with law enforcement, often resulting in a booking at the Chatham County Jail. The Chatham County Jail and the Emergency Departments have become the default service providers for mental health treatment for many of our indigent population. Changes to our mental health system can help address this crisis. If citizens had access to 24 hour services, 365 days a year, we could minimize hospital and jail interventions and improve continuity of care for many. For example, if a person has not been on their medication, they could access their prescriptions before a crisis occurs. In addition, law enforcement and crisis intervention teams could have an alternative.

Appendix A: Approach

CCSNPC and DBHDD partnered to review the 2014 DBHDD provider network data for Chatham County. Specifically, we looked at 2014 DBHDD data and payer source, for adult (19 and older) mental health and addictive disease services provided through DBHDD contracted agencies providing services for Medicaid and State Contracted Consumers (indigent patients in high need). Data was collected for the following services:

Mental Health Services

- Adult Core Services
  - 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
- Adult Crisis Stabilization Services
- Adult Inpatient Hospitalization Services
- Adult Residential Services
- Assertive Community Treatment (ACT)
- Case Management (CM) and Community Service Teams
- Crisis Stabilization Units (CSUs)
- Georgia Crisis and Access Line (GCAL)
- Housing Vouchers
- Intensive Case Management (ICM)
- Mobile Crisis Teams (MCTs)
- Peer Support Services
- Supported Employment

Addictive Disease Services

- Specialty Services
  - Ambulatory Substance Abuse Detoxification
  - Residential Substance Detoxification
  - Intensive Residential Treatment Services
- Treatment Court Services

Please see Appendix C for State Contracted Services (SCS) consumers and Medicaid consumers for each of these services by provider. Please note providers with less than five (5) total consumers in any service area were not included in the tables.

Data Limitations: The data included in this report is for 2014 and includes only adult (ages 19 and older), DBHDD data on its contracted providers. The data is limited and **does NOT include**:

- Accountability Courts, including small drug offenders and mental health courts
- Chatham County Jail
- Developmental Disabilities (which are often co-diagnosed with behavioral health)
- Health Providers, including Federally Qualified Health Centers, free clinics, and other mental health providers serving the poor
- Hospitals
- Juveniles
- Private practitioners without a relationship with the DBHDD or Medicaid
- Savannah-Chatham County Law Enforcement

It is important to note this data is to provide a baseline year and the data being reviewed is one year old; since December 2014, the behavioral health service delivery landscape has changed and will continue to change.

Appendix B: State Contracted Services[15]

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. These services are provided by four Community Services Boards (CSBs) and two private providers. 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

Adult Crisis Stabilization Services provide treatment in Crisis Stabilization Units (CSUs). Services include rapid stabilization of the behaviors and symptoms exhibited by persons in an acute phase of mental illness and detoxification services to individuals high on drugs or alcohol.

Adult Inpatient Hospitalization Services support individuals whose behaviors or symptoms are too acute to be effectively managed in a CSU. Georgia Regional Hospital Savannah (GRHS), which has a mental health capacity of 78 beds, provides inpatient psychiatric treatment services for individuals whose mental health symptoms are too severe to be effectively treated in a CSU. Upon discharge from the hospital, patients are referred to a core provider for outpatient care.

Adult Residential Services range from intensive treatment in a small residential setting to providing rent supplements to help persons in recovery live as independently as possible. In Region Five, these services are provided by two CSBs and two private providers. Approximately 274 residential beds serve an estimated 390 people per year.

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.

[15] https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/Region%205%20-%20SE%20rev2%202014.pdf Accessed on 12/10/15.

Savannah has two ACT teams operated by a private provider, America Works; Glynn and Camden Counties have one, operated by the Gateway CSB. Each team focuses on individuals with a serious mental illness who are most at risk for re-hospitalization, homelessness or incarceration, and serves approximately 100 people annually. This service is specified in the DOJ Settlement Agreement.

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.

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. Each of Region Five's four CSBs operates a Crisis Stabilization Unit (CSU). The four units have a combined capacity of 60 beds and admit an average of 320 people per month.

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.

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 Teams (MCTs) have staff on-call 24/7 to respond to any crisis call related to a mental illness or substance abuse issue. The teams conduct face-to-face evaluations at the site of crisis and make recommendations for further treatment if needed. This service is offered by two CSBs and GRHS. The teams conduct an average of 130 evaluations each month.

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.

Supported Employment emphasizes that individually tailored rapid job search and placement, with ongoing support to assist with maintaining job stability, 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.

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.

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.

Appendix C: Data

The data presented in the Tables 1-25 reflect 2014 DBHDD provider network data for Chatham County. Specifically, we looked at 2014 DBHDD data and payer source, for adult (19 and older) mental health and addictive disease services provided through DBHDD contracted agencies providing services for Medicaid and State Contracted Services (SCS) for indigent patients in high need. Data was collected for the following services:

Table 1: Total Capacity by Provider

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		69	69
American Work, Inc.	241	277	399
Chatham County Board of Commissioners	92	0	92
Coastal Counseling, LLC	0	7	7
Coastal Harbor	220	0	220
Community Service Board of Middle Georgia	7	3	9
Durden Consulting Services, LLC	5	63	65
Fulton-DeKalb/Grady Hospital Authority	5	4	9
Gateway Community Services Board	1567	506	2006
Malinda Graham & Associates, Inc.	2	10	12
Ogeechee Community Service Board	4	1	5
Pineland MHDDAD Services	90	11	100
Recovery Place Community Services, Inc.	872	121	963
Satilla Community Services	12	1	12
Total Capacity	**3117**	**1073**	**3968**

Table 2: Addictive Disease Support Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency	-	13	13
Durden Consulting Services, LLC	-	12	12
Pineland MHDDAD Services	11	-	11
Recovery Place Community Services, Inc.	58	12	70
	69	**37**	**106**

Table 3: Assertive Community Treatment

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	111	118	195
	111	**118**	**195**

Table 4: Behavioral Health Assessment & Service Plan Development

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		54	54
American Work, Inc.	36	143	178
Durden Consulting Services, LLC	4	59	60
Fulton-DeKalb/Grady Hospital Authority	4	2	6
Gateway Community Services Board	1,360	404	1,728
Malinda Graham & Associates, Inc.	1	7	8
Pineland MHDDAD Services	31	3	34
Recovery Place Community Services, Inc.	619	96	707
	2,055	**768**	**2,775**

Table 5: Case Management Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		47	47
American Work, Inc.	-	5	5
Durden Consulting Services, LLC	2	47	48
Gateway Community Service Board	76	36	109
Pineland MHDDAD Services	12	0	12
	90	**135**	**221**

Table 6: Community Support Individual

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Durden Consulting Services, LLC	0	12	12
	-	**12**	**12**

Table 7: Community Transition

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	16	0	16
Pineland MHDDAD Services	5	0	5
	21	**0**	**21**

Table 8: Crisis Intervention

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		16	16
Gateway Community Service Board	6	1	7
	6	**17**	**23**

Table 9: Crisis Stabilization Program Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Coastal Harbor	220	-	220
Community Service Board of Middle Georgia	7	-	7
Gateway Community Service Board	5	-	5
Pineland MHDDAD Services	41	0	41
Satilla Community Services	6	-	6
	279	**-**	**279**

Table 10: Diagnostic Assessment

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		33	33
Durden Consulting Services, LLC	3	40	42
Gateway Community Service Board	482	103	582
Pineland MHDDAD Services	19	3	22
Recovery Place Community Services, Inc.	479	64	540
	983	**243**	**1219**

Table 11: Individual Outpatient Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		54	54
Chatham County Board of Commissioners	85	0	85
Coastal Counseling, LLC	0	6	6
Durden Consulting Services, LLC	2	41	42
Gateway Community Service Board	449	111	545
Malinda Graham & Associates, Inc.	1	7	8
Pineland MHDDAD Services	17	2	19
Recovery Place Community Services, Inc.	357	62	413
	911	**283**	**1172**

Table 12: Group Outpatient Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Chatham County Board of Commissioners	88	0	88
Durden Consulting Services, LLC	0	7	7
Gateway Community Service Board	124	28	147
Pineland MHDDAD Services	27	0	27
Recovery Place Community Services, Inc.	645	86	714
	884	**121**	**983**

Table 13: Family Outpatient Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		24	24
Coastal Counseling, LLC	0	5	5
Durden Consulting Services, LLC	2	24	25
Gateway Community Service Board	6	6	11
	8	**59**	**65**

Table 14: Intensive Case Management

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Gateway Community Service Board	83	60	137
	83	**60**	**137**

Table 15: Medication Administration

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	8	51	57
Gateway Community Service Board	41	44	83
	49	**95**	**140**

Table 16: Nursing Assessment & Care

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		50	50
Durden Consulting Services, LLC	0	19	19
Fulton-DeKalb/Grady Hospital Authority	3	3	6
Gateway Community Service Board	439	175	606
Malinda Graham & Associates, Inc.	0	5	5
Pineland MHDDAD Services	35	5	40
Recovery Place Community Services, Inc.	533	60	589
	1010	**317**	**1315**

Table 17: Peer Supports

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	42	70	104
Gateway Community Service Board	5	33	38
	47	**103**	**142**

Table 18: Psychiatric Treatment

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		46	46
American Work, Inc.	29	145	170
Chatham County Board of Commissioners	5	0	5
Durden Consulting Services, LLC	0	25	25
Gateway Community Service Board	865	331	1162
Pineland MHDDAD Services	20	4	24
Recovery Place Community Services, Inc.	184	30	209
	1103	**581**	**1641**

Table 19: Psychological Testing

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Durden Consulting Services, LLC	2	58	60
Malinda Graham & Associates, Inc.	0	5	5
	2	**63**	**65**

Table 20: Psychosocial Rehabilitation Group

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	28	68	83
Gateway Community Service Board	2	6	8
	30	**74**	**91**

Table 21: Psychosocial Rehabilitation Individual

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Access Mental Health Agency		43	43
American Work, Inc.	4	18	22
Durden Consulting Services, LLC	2	43	44
Gateway Community Service Board	76	17	92
Malinda Graham & Associates, Inc.	1	7	8
	83	**128**	**209**

Table 22: Intensive Residential Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	79	0	79
Pineland MHDDAD Services	18	0	18
	97	**0**	**97**

Table 23: Semi-Independent Residential Services

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Recovery Place Community Services, Inc.	227	0	227
	227	**0**	**227**

Table 24: Structured Residential

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
Recovery Place Community Services, Inc.	30	0	30
	30	**0**	**30**

Table 25: Supported Employment

Provider	SCS Consumers	Medicaid Consumers	Total Consumers
American Work, Inc.	53	0	53
Gateway Community Service Board	31	0	31
	84	**0**	**84**