GEORGIA ASSOCIATION of Community Service Boards, Inc.

Georgian's Barriers to Access to Adequate Healthcare October 30, 2017 CSB 101

David Kidd, Board Member, Advantage Behavioral Health President, Georgia Association of Community Service Boards



The Georgia Association of Community Service Boards

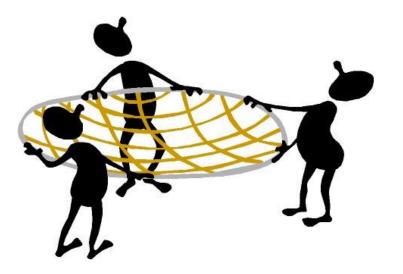
• 25 Independent Providers

- Located in 6 Regions designated by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Map Resource: <u>http://www.gacsb.org/members/find-a-provider/</u>

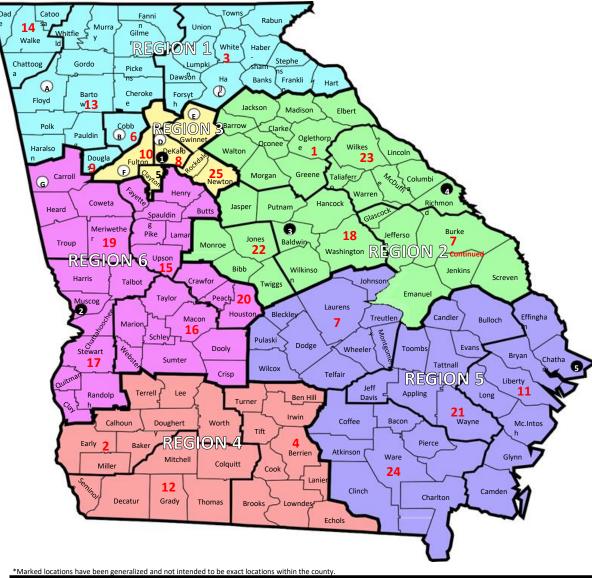


Georgia's Public Safety Net

 Community Service Boards function as the disability services safety net for individuals with mental illnesses, addictive diseases, and intellectual and developmental disabilities.



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



State Psychiatric Hospitals (numbers in dark circles)

- Georgia Regional Hospital Atlanta
 West Central Georgia Regional Hospital Columbus
 Central State Hospital (Forensics) Milledgeville
 East Central Regional Hospital Augusta
- 5 Georgia Regional Hospital 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 hospitals have been contracted by DBHDD to receive individuals from countries in Region 1.

Community Service Board Areas (red numbers)

1 – Advantage Behavioral Health Systems 2 – Aspire Behavioral Health & Developmental Disabilities 3 – Avita Community Partners 4 - Behavioral Health Services of South Georgia 5 - Clayton Center Community Service Board 6 - Cobb Community Service Board 7 - Community Service Board of Middle Georgia 8 – DeKalb Community Service Board 9 – Douglas Community Service Board 10 - Fulton County Department of Health 11 - Georgia Pines Community Service Board 12 - Gateway Behavioral Health Services 13 - Highland Rivers Health 14 - Lookout Mountain Community Services 15 - McIntosh Trail Community Service Board 16 - Middle Flint Behavioral HealthCare 17 - New Horizons Behavioral Health 18 - Oconee Center Community Service Board 19 - Pathways Center for Behavioral & Developmental Growth 20 - Phoenix Center Community Service Board 21 - Pineland Behavioral Health & Developmental Disabilities 22 - River Edge Behavioral Health 23 – Serenity Behavioral Health Systems 24 – Unison Behavioral Health 25 - View Point Health *NOTE: Numbered service areas are for identification purposes only.





House Bill 100 (1994)

- House Bill 100 in 1994 transformed the Community Mental Health Program operations in Georgia
 - Community Mental Health Centers → Community Service Boards.
 - Declared CSBs to be governed by local Boards and be funded through contracts with the state of Georgia.
 - Made CSBs the public providers for mental health, developmental disabilities, and addictive disease services.
 - Authorized CSBs to provide health, recovery, housing, and/or other supportive services.

Governance



- Governed by a Community Board
 - Appointed by the County Commissioner of each county in an individual CSBs coverage area.
- Board hires CEO to manage CSB
- Contractual agreements with the State and other entities provide the majority of CSB funding.

Other Funding

Contracts with

- Veterans Affairs
- Primary Care
- Vocational Rehabilitation
- School Systems
- Criminal Justice



Grants from

- HUD
- DCA
- SAMHSA
- Foundations
- Other
 Governmental
 Entities



Where would you want your loved one to live?





In the Community!

 CSBs work to improve the quality of life for the individuals they serve by treating them in the least restrictive setting possible. Thanks to the community service boards, a significant number of Georgians can live productive lives in their communities.







Mental Health and Addiction Services (aka Behavioral Health Services)

- Clinic-based Services
 - Community-based Case Management Services
 - Peer Supports
- Primary Care Low Intensity

- Intensive Day Programs
- Residential Services
- Medium Intensity

Care

Secondary

- Assertive Community Treatment
- Behavioral Health Crisis Centers
- Crisis Stabilization Units
- Tertiary Care High Intensity

Who Provides the Services? A multidisciplinary staff

- Psychiatrists and Nurses
- Licensed Therapists
- Peer Specialists
- Para-professional staff



Where are services delivered?

- Clinics/Day Programs
- Schools/Workplace
- Emergency Rooms
- Medical Offices
- Homeless Centers



- Day Reporting Centers
- Probation Offices
- Court Houses
- Clients' Homes
- Under Bridges/ in Tent Cities

Behavioral Health Crisis Centers (BHCCs)



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- Individuals who are experiencing behavioral health crises are provided assessment, short-term crisis counseling, supportive services and referrals for ongoing care.
- Staffing includes physicians, nurses, licensed clinicians and other behavioral health professionals to provide interventions designed to de-escalate 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.

Crisis Stabilization Units (CSUs) • 24 hour units providing stabilization to those experiencing Mental Health crises or needing detoxification from substances.

• Average length of stay is 5 days

• Can take individuals who are involuntarily committed.



Wrap-Around Services

- Residential Services and Supports
- Homeless Services
- Supported Employment Services
- Specialty Court Services
- Transportation



Primary Partners in the Community

- Sheriffs' Offices
- Local ERs & Hospitals
- Probate & other Judges
- Day Reporting Centers
- Homeless Coalitions
- County Commissions
- Voc-Rehab Landlords



- Police Depts.
- FQHCs
- Jails
- Probation Officers
- Regional Development
- Faith Communities
- Labor Dept.
- Employers



Carry Over Legislation We Are Watching in 2018

- SB 11 EMT/1013
- SB 40 Mental Health Transport/EMT/1013
- SB 4 Enhancing Mental Health Treatment of GA Act
- HB 607 Psychiatric Advance Directive
- SB 55 Psychiatric Advance Directive Act



Our Hope?

• Create complimentary treatment systems; Avoid creating parallel treatment systems.

• Capitalize on evidence based treatment systems practiced within CSBs.

• Increase funding for core services in the community.

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