



# Division of Mental Health, Developmental Disabilities and Addictive Diseases

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## fact sheet

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) provides treatment and support services to people with mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. MHDDAD serves people of all ages with the most severe conditions and ones that are often long-term. In FY 2006, over 200,000 people were provided services through the MHDDAD service system. Additionally, the division funds evidence-based prevention services aimed at reducing substance abuse and related problems.

Local needs are identified by staff in five MHDDAD regional offices, who coordinate the development and implementation of supports to meet those needs through community and/or hospital services. Seven regional MHDDAD hospitals and contracts with community service boards, boards of health and approximately 400 private providers, provide MHDDAD services across the State.

The division has approximately 7,500 employees, with the majority working in state hospitals. The budget for FY 2006 was more than \$920 million, including \$601 million in state funds.

### **The MHDDAD System**

The MHDDAD system of services is administered through five **Regional Offices**. These regional offices manage the hospital and community resources in the regions. They oversee implementation of statewide initiatives, develop new services, and expand existing services as needed. They also monitor the services being received by consumers to ensure quality and access. The regional offices ensure complaints are investigated and resolved, and, arrange for special investigations and reviews when warranted.

**Regional Planning Boards** are made up of citizens who serve on a voluntary basis and who are appointed by county commissions. They help identify local needs and develop priorities for services. They are the voice for consumers and their families in setting local and statewide priorities, as well as, serving as advocates to state and local officials.

**Consumers and their families** help shape the system that affects their lives. They make up at least half of the membership of the regional planning boards. Eligible consumers are also employed in state hospitals and community programs to ensure

that their voice is heard in service planning and delivery.

For FY 2007, the Division implemented a statewide 24/7 Crisis & Access phone line. One phone call to 1-800-715-4225, from anywhere in the state connects the caller to the services they need. The line is available to individuals, families, courts, law enforcement, and others seeking MHDDAD assistance. In the first five months of operation, the line received over 100,000 calls.

### **Community Services**

The MHDDAD system strives to provide services to individuals in the community first, with hospitalization reserved for those who require a higher level of care than can be provided in the community. Community services are more flexible, and are more easily tailored to individual needs. Services are designed to promote recovery and independence along with the individual's integration into the regular community. A network of providers, including community service boards, boards of health, and private agencies, provide a range of services to people in their home communities, including: outpatient services; residential services; day treatment, training or support programs; crisis intervention; and supported employment. For FY 2007, the regional offices are managing \$580 million in contracts for community services. Additionally, \$10 million will be spent for state-operated community services.

**Outpatient services** include: diagnosis and evaluation, individual, group or family counseling, medication monitoring, education, and service coordination. In FY 2006, 189,882 individuals received outpatient services.

**Community residential services** provide supports for people with mental illness or developmental disabilities who need assistance to successfully live in the community. Also provided are short-term residential detoxification and treatment programs for people with substance abuse problems, and, stabilization services for people with mental illness who need 24-hour, structured treatment. Residential treatment programs are provided for youngsters with the most severe alcohol and drug-related problems, or, who are in mental health crises.

**Day programs** help people with severe disabilities learn basic living, social and work skills. Day support services for people with developmental disabilities include activities in typical community settings, activities in training centers, pre-vocational training, and supported employment. Day services for people with mental illness include social skills development and community involvement, as well as, peer support services.

**Family support and natural support enhancements** keep consumers in their own communities by focusing on the consumers and their support network, such as family and friends. Services include: training or assistance with social interactions, daily living

skills, managing health and diet, respite for caregivers, transportation, person-centered planning, accessing and coordinating medical services, and financial life planning.

Self-direction options are a priority for persons with developmental disabilities. Currently, individuals with development disabilities and their families can self-direct one of the waiver services. Additional self-direction options are being developed.

**Supported employment** provides the supports people with mental illness or developmental disabilities need to find and keep jobs. In FY 2006, 6,392 individuals with mental disabilities worked in real jobs through supported employment.

Through interdepartmental partnerships, the **Ready for Work** program provides substance abuse treatment for women as part of the federal welfare reform legislation of 1996. The majority of women served are recipients of Temporary Assistance for Needy Families (TANF). Treatment is provided in both outpatient programs and residential programs located across the state. The programs assist women in removing substance abuse as a barrier to employment and significantly enhance the health of their families and their level of self-sufficiency.

Georgia has expanded **community mental health services for emotionally disturbed children and adolescents** from limited outpatient diagnosis to a full continuum of services, including: counseling services, community supports and in-home treatment services, therapeutic after school programs, respite care, community residential treatment services and crisis services. In FY 2006, over 40,000 children and adolescents with serious emotional disturbances were served in community programs.

In addition, **outdoor therapeutic programs** in Warm Springs and Cleveland, Georgia, serve young people with serious emotional disturbances in wilderness, camp-like settings. In FY 2006, the programs served 180 youngsters.

**Prevention services and programs** have been implemented in a majority of Georgia communities. These science-based programs include parent education programs, after-school mentoring, tutoring, and life skills development programs that build youth resilience against alcohol and drug use and abuse. The Division sponsors and supports the annual Georgia Red Ribbon celebration of drug free living for which the Governor serves as "Honorary Chair." MHDDAD also supports an award-winning statewide Drug Free Workplace program, a maternal substance abuse and child development program at Emory University, and a 24-hour, toll-free helpline (800-338-6746) providing prevention information as well as crisis referrals. During FY 2006, over a million individuals were served by statewide and regional programs. Of these, almost half participated in science-based programs that have yielded proof that prevention works. According to the National Survey on Drug Use and Health released in 2004, Georgia was one of the eight states with

the lowest percentage of youth ages 12-17 reporting alcohol use in the preceding month; in the lowest fifth of all states for current use of marijuana; and among the eight states with the lowest percentage of youth reporting use of any illicit drug other than marijuana.

**State Hospitals and Institutions**

MHDDAD hospital services are currently provided by seven public hospitals serving specific geographic regions, as well as through contracts with private hospitals. The seven public MHDDAD hospitals primarily treat people with severe, persistent mental illness, often complicated by substance abuse. Usually, consumers are hospitalized for a short time until they are stable and can return to community treatment programs. In FY 2006, 16,621 consumers were served in state hospitals; 13,354 of those were adults who had a primary disability of mental illness or substance abuse; 1,879 were children or adolescents who had a primary disability of severe emotional disturbance or substance abuse. 1,388 were people whose primary disability was mental retardation or related developmental disability. State hospitals also provide forensic services to people charged with a crime but are found incompetent to state trial or “not guilty by reason of insanity” and, people involved with the Department of Corrections and local law enforcement agencies.

On a typical day in FY 2006, MHDDAD state hospitals served approximately 600 forensically-involved adult in-patients.

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