



Family Orientation
Handbook

Your Team:

Care Coordinator (CC):

Name: Phone: Email:

Certified Peer Specialist-Parent (CPS-P)

Name: Phone: Email:

Certified Peer Specialist-Youth (CPS-Y)

Name: Phone: Email:

Supervisor:

Name: Phone: Email:

Community Team Members:

Name: Phone: Email:

Crisis Contacts:

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Bridge Health CSB Individual Handbook

Mission/Vision
Welcome/Confidentiality
Individual Rights/Individual Responsibilities/ Staff Code of Ethics
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Welcome to WIN Georgia

Welcome,

Thank you for choosing WIN Georgia Care Management Entity (CME) as your coordination and family support provider. My staff and our team of dedicated, strengths-based, culturally aware individuals look forward to assisting you and your family in achieving your goals, finding a new level of recovery, and engaging you in a creative process to address your needs. Through Intensive Customized Care Coordination and the High Fidelity Wraparound process, you and your family will discover how utilizing the four Key Elements of Wraparound and team-based planning will assist you in your journey toward recovery.

You will meet a Care Coordinator (CC) and a Certified Peer Specialist Parent (CPS-P) as part of your CME staff team and, if needed, a Certified Peer Specialist Youth (CPS-Y). We also have a System of Care Coordinator to help bring resources into your community and help professionals connect with us and you with them.

If you have a concern or complaint at any time, we follow the Bridge Health complaint process, which will be fully disclosed in this packet.

We look forward to working with you and your family uniquely and creatively.

The Journey to Recovery

RECOVERY
Hello HOPE
Healing
Journey



It is a word families rarely hear from treatment providers and communities when talking about a family member's experience with mental health disorders. Many families hear a lot about symptoms, behaviors, failures, managing medications, and treatment. Still, it's rare that anyone ever shares a vision of hope and healing from recovery perspective. As a result, many families come to us feeling lost, especially when it seems all resources have been exhausted to help the one they love.

At WIN Georgia, we understand this journey can be difficult and sometimes it feels like there is no hope left. Many of our staff have personal experience as individuals or family members of individuals who live with mental health needs. While each family's journey is different, we understand the challenge of working with systems that were not created with our needs in mind. We also know the frustration and isolation that comes from the stigma and misunderstanding around behavioral health.

Even though the journey can be difficult and frustrating, we believe recovery is possible for our loved ones and our families. Recovery is also the goal, but it is the expectation for children and families whose lives are touched by mental illness.

We are honored to have the opportunity to be a part of your family's journey to recovery. It is our hope to help you envision what recovery looks like to your family and assist you in building a support system that can help you achieve your family's dreams now and for years to come.



Care Management Entities

What is a CME?

Georgia's Care Management Entities (CMEs) provide a Medicaid Billable Service and are supported by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to serve youth with behavioral health needs at risk of out-of-home placement.

What does a CME do?

CMEs use a process called High Fidelity Wraparound (Wrap) or Intensive Customized Care Coordination (IC3) to help youth and their families. Listed below are a few details about the process:

- **Intensive Customized Care Coordination (IC3) is a provider-based High Fidelity Wraparound intervention, as defined by the National Wraparound Initiative**
 - It is team-based selected by the family/caregiver/youth in which the family and team identify the goals and strength-based ways to reach those goals.
- **IC3 assists individuals in identifying and gaining access to services and supports**
 - Included in these are medical, social, and educational, developmental resources, regardless of the funding for the services to which access is sought.
- **IC3 encourages the use of community resources**
 - This includes traditional and non-traditional providers, paid, unpaid and natural supports.
- **IC3 is a set of connected activities responsible for:**
 - Identifying, planning, budgeting, documenting, coordinating, securing, and reviewing the delivery and outcome of appropriate services for an individual wraparound approach.
- **Care Coordinators (CC) work in partnership with the individual and their family/caregivers/legal guardians and are responsible for assembling the Child and Family Team (CFT)**
 - CFTs include professionals and non-professionals who provide support individualized support and whose combined expertise and involvement ensure individualized and person-centered plans, build upon strengths and capabilities, and address individual health and safety issues.

Meet the WIN GEORGIA staff:

Wrap Supervisor (WS)

Wrap Supervisors are local-level administrators that supervise Care Coordinators (CC). They provide support to county teams by meeting weekly and helping to identify strengths, needs & strategies to achieve goals. WSs also meet with community partners to ensure lines of communication are open & flowing.

Care Coordinator (CC)

The Care Coordinator is the person who will facilitate the Wraparound process and work with you to support every aspect of your Wraparound experience. CCs do the following:

- *Coordinate meetings*
- *Help you identify your strengths, goals, and needs*
- *Help you develop an initial safety and crisis plan*
- *Help you build your Wraparound team*
- *Help you create your Wraparound plan*
- *Manage meetings*
- *Participate in your plan*
- *Follow up on your plan*
- *Ensure key documents are where they should be*
- *Get plans and funding approved*

Sometimes the CC runs the meetings, and other staff do the rest. Other times, CCs work with you to support every aspect of your Wraparound experience. CCs usually are college graduates and many have advanced degrees.

Certified Peer Specialist-Parent (CPS-P)

CPS-Ps are flexible and always prepared to support the parents or guardians in the process. They will work with your family on anything identified in the Action Plan by using their lived experience to help support you in your journey. CPS-Ps provide support by connecting families to resources and helping address needs.

System of Care Coordinator (SOCC)

The SOCC is responsible for building and supporting relationships with community partners and developing the local provider network. SOCCs oversee the implementation of various activities that are critical to CME development across Georgia. The SOCC responsibilities include, but are not limited to:

- *Develops and supports local behavioral health provider network services to enhance service delivery and family choice*
- *Organizes community stakeholders and resources to identify proactive program solutions*
- *Establishes and maintains relationships with other child-serving agencies and organizations in order to meet community and family needs*
- *Assists local and state partners with system development strategies*
- *Reports to all funding sources*
- *Participates in Local Interagency Planning Teams (LIPT)*
- *Participates in the Regional Advisory Board*

Guiding Principles of Wraparound

Family Voice and Choice

The child and family are active partners in making treatment decisions

Team Based

The approach must involve a team consisting of members of those social systems (family, school, and community, and neighbors, church) who are most important to the child

Community Based

Mental health treatment success is best achieved in the community in which the child lives

Culturally Proficient

The process must be built on each family's unique values, preferences and strengths

Strengths Based

Mental health treatment success can be best achieved if we focus not only on the problems of a child and family but also what is going well and is healthy about the family

Natural Supports

The use of informal community supports such as neighbors or friends is important to the success of children

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The use of informal community supports such as neighbors or friends is important to the success of children

Persistence

Unconditional commitment to continue to help families through necessary services to meet treatment goals. This is also known as the No Eject, No Reject policy

What can you expect?

Your WIN Georgia Care Coordinator will work with you to coordinate the best services for you and your family.

- The Care Coordinator will set up the first meeting with you to explain their role and complete intake paperwork.
- All meetings will be scheduled at the best time and place for you.
- The initial meetings will complete necessary paperwork to get your child enrolled in WIN Georgia and a discussion to reveal the strengths in your life.
- Please be aware that you will be expected to complete various forms throughout your enrollment in WIN Georgia....it is always necessary to track progress and success!
- The Care Coordinator and CPS-P will help you put together your Child and Family Team.
- The Child and Family Team, will develop your individualized, strengths-based, Wraparound Action Plan with you

1st Family accepts, and Care Coordinator is assigned
24 hours from notification, CC calls the family to set up 1st face to face

Within 72 hours of notification

Care Coordinator completes
1st face-to-face visit

- Enrollment packet completed
- Family strengths and goals identified
- Team members identified

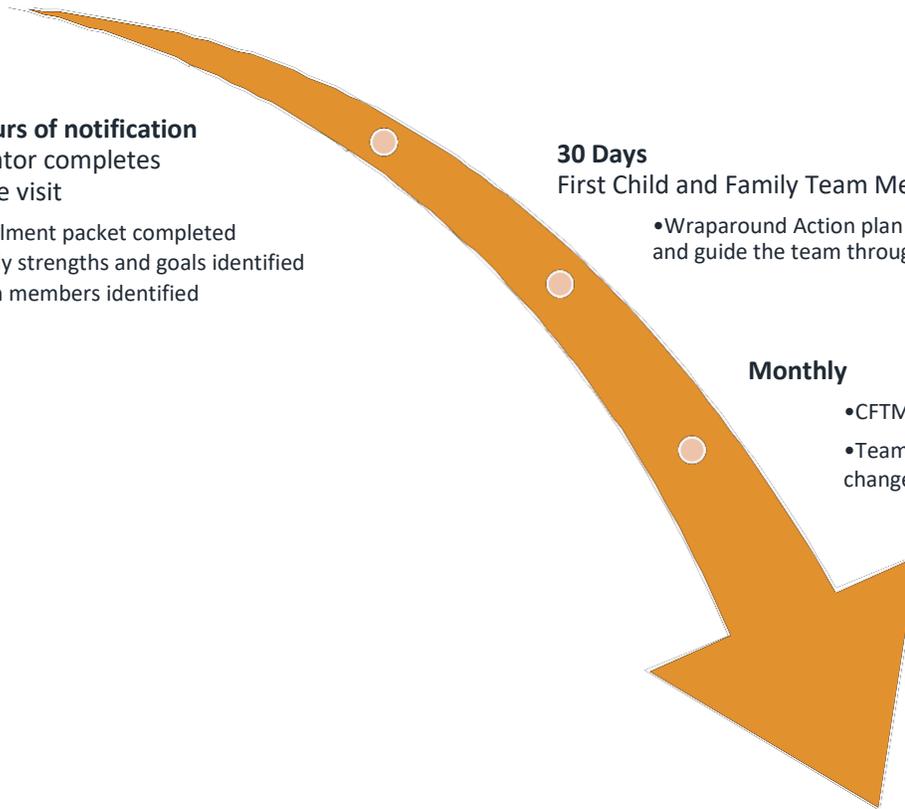
30 Days

First Child and Family Team Meeting (CFTM) is held

- Wraparound Action plan is developed to help direct and guide the team through the Wraparound stages

Monthly

- CFTM is held to review the progress
- Team reviews plan and suggests/approve changes as needed



What Can You Expect?

Confidentiality

All discussions and information pertaining to your child and family are consented to and authorized by you. You are asked to sign consent forms at the beginning of the program. This will allow your team to compile the necessary information to develop your family's Wraparound plan. Information about you and your family will always remain confidential unless your child threatens to harm him/herself or others or there is reasonable suspicion of abuse or neglect.

Family Satisfaction

As a WIN Georgia participant, you will be asked to complete surveys. The results of these surveys will help improve the support that is provided to families. WIN Georgia holds certain standards when it comes to working with families. As stated, guiding principles and values must be followed (refer to the Guiding Principles on pg. 9). Your participation in these surveys will allow us to monitor the fidelity and effectiveness of the project.

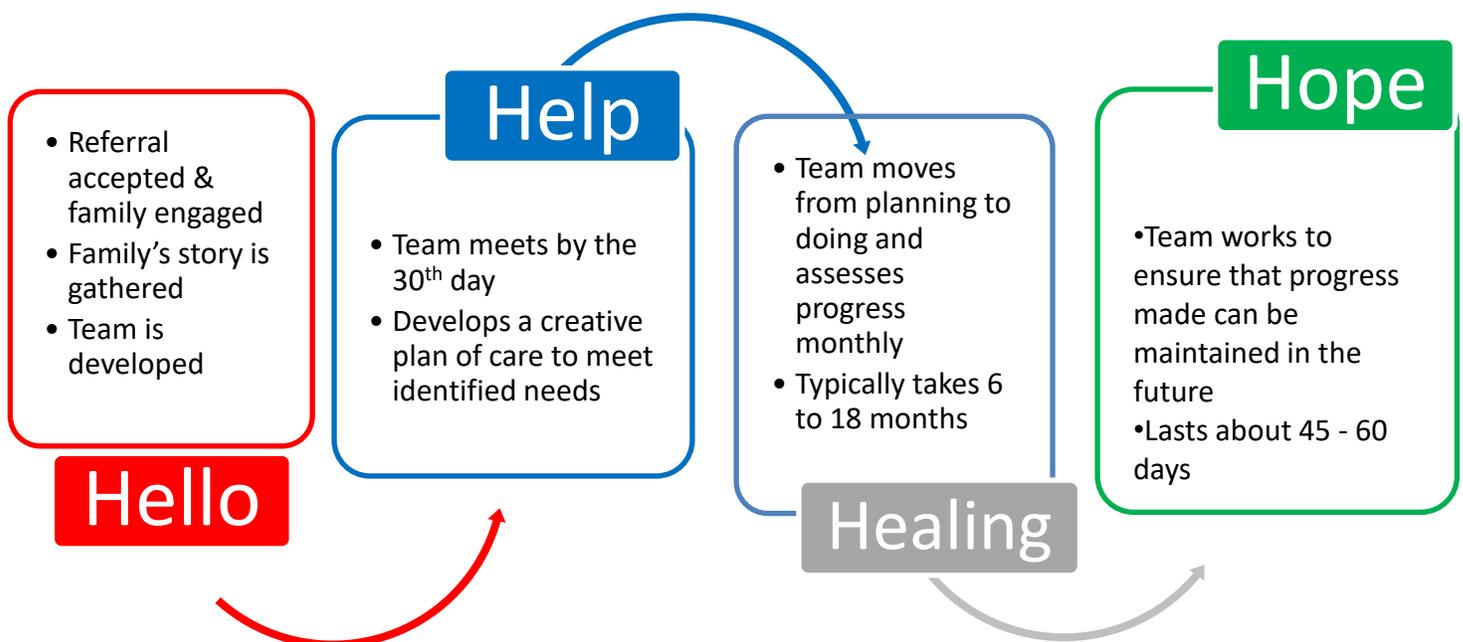
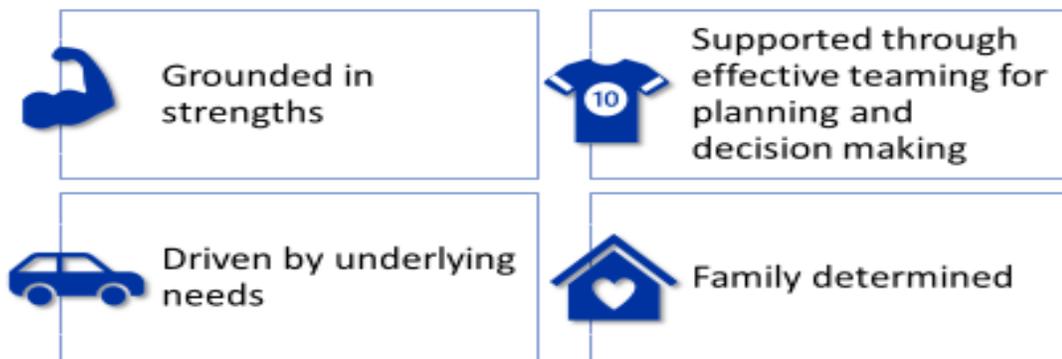
Cultural Proficiency

The process must be built on each family's unique values, preferences, and strengths. We will make every effort to provide materials and educational opportunities in preferred languages and strive to be conscious of specific cultural aspects.



The Wraparound Process and Typical Timelines

Four Key Elements of Wraparound





Wraparound Checklist

HELLO

What happens?

- Meet with the Care Coordinator (CC), review Family Orientation Handbook, share your family's story, complete ROI and Registration Paperwork
- Meet your CPS-P
- Address your family's immediate needs, including potential crises, and put together an initial crisis plan
- Create a strengths list
- Create a Team members
- Select a date and place for the first Child and Family Team Meeting to be held within 30 days
- CC will invite team members
- Work with Care Coordinator to set the agenda for the first Child and Family Team Meeting

Documents created

- Safety and Crisis Plan
- Child and Family Timeline/Story

Forms used

- Release of Information (ROI) and other intake paperwork
- Financial Application and Beacon Health Options Registration Paperwork
- Consent forms
- HIPPA and Handbook acknowledgment form

HELP

What happens?

- First Child and Family Team Meeting
- Review Child, Family and Team strengths
- Review Family Vision Statement
- Develop a Team Mission Statement
- Review needs, goals and barriers
- Address ways to meet needs, goals and barriers
- Assign all Team members tasks to help you meet your goals
- All help you members agree on Plan
- All Team members receive a copy of the Wraparound Action Plan
- Schedule next Child and Family Team Meeting

Documents created

- Wraparound Action Plan
- Approved Safety and Crisis Plan
- Schedule of future Team meetings
- Confidentiality Agreement, signed by all team members
- Authorization Paperwork, completed by CC

Wraparound Checklist



HEALING

What happens?

- Access and evaluate requested services
- Review requested services adjust the Plan (if needed)
- Make new team assignments
- Your family and team practice what to do if a crisis occurs
- All team members receive copies of the updated Wrap Action Plan

Documents created

- Updated Wraparound Action Plan
- Updated Safety and Crisis Plan (as necessary)

Forms used

- Confidentiality Form
- Updated ROI (if new team members are added)

HOPE

What happens?

- You have discussed leaving the Wraparound process with the Team
- You are able to recognize triggers that may result in a crisis, therefore, preventing the crisis
- You are able to take the steps necessary to keep your child safe should a crisis occur
- You are able to access appropriate services to meet your family's needs
- You have a way to connect with other families who have been through the process
- Your family vision has been met
- You have a contact list of natural supports

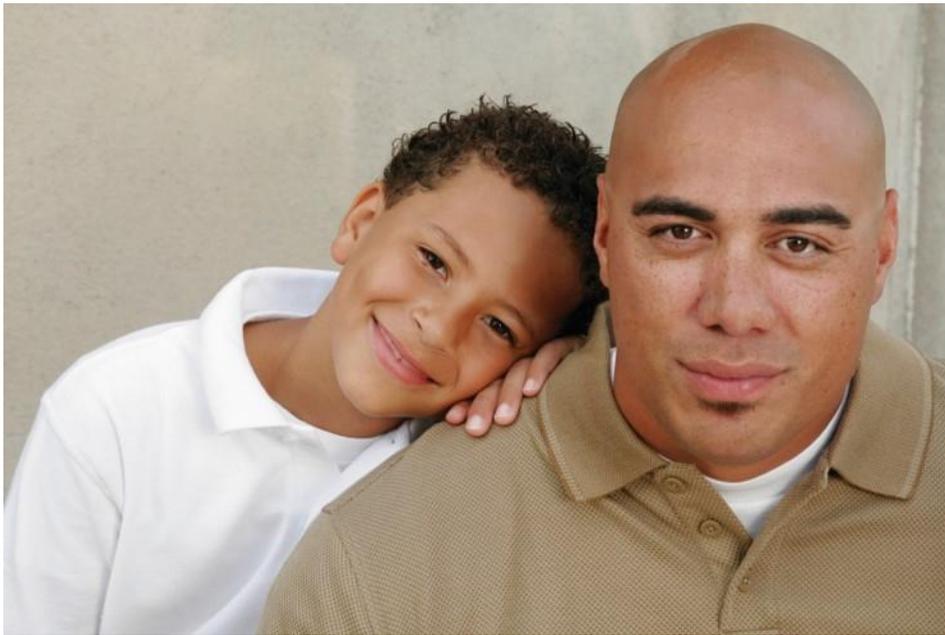
Documents created

- Final Wraparound Action Plan
- Updated Safety and Crisis Plan

Forms used

- Transition Packet containing: Final Wraparound Action Plan, Updated Safety and Crisis Plan, Community resources and transition certificate

Let Your Voice Be Heard!



Evaluation

Occasionally, you will be asked to participate in surveys and evaluations of WIN Georgia. Your perspective is the most valuable information we have to know how we're doing. Your participation allows us to continue to provide services that are:

- youth-guided
- family-driven
- strengths-based
- culturally proficient

Your participation is needed to:

- let us know what is working
- allow us to provide better care
- tell us what services are missing
- help us know where to focus our efforts and resources

Evaluation helps us provide evidence that WIN GEORGIA works. Your input is crucial, and it helps ensure we can secure future funding for WIN GEORGIA and continue to provide Wraparound services to families across Georgia.

Advocacy and Support

Georgia Parent Support Network (GPSN)

Georgia Parent Support Network (GPSN) was founded in 1989 by thirty parents and professionals who shared a vision of family involvement in issues that affect children and youth with mental health disabilities.

GPSN has grown to more than 3,500 members. The members sit on almost every policy-making board where decisions affecting children and youth are made.

GPSN continues to grow and is constantly redefining the family advocacy role to determine how families can and should be involved to ensure that the needs of families whose children suffer from severe emotional disturbances are met.

GPSN is a member of the National Federation of Families. There are local chapters of the Federation of Families that meet near you.

Helpful Links

Caring for Every Child's Mental Health Campaign
Samhsa.gov/children

Georgia Parent Support Network, Inc.
(GPSN) Phone: 404-758-4500
Toll Free: 800-832-8645
gpsn.org

National Alliance on Mental
Illness (NAMI) NAMI.org

NAMI Rome
Phone: 706-506-5010
namiomega.org

National Council for Community Behavioral
Healthcare
Phone: 202-684-7457
TheNationalCouncil.org

The National Directory of Family-Run & Youth-
Guided Organizations for Children's Mental
Health familyorgdirectory.fmhi.usf.edu/

National Federation of Families
www.ffcmh.org

Parent to Parent of
Georgia
800-229-2038
p2pga.org

SAMHSA
Substance Abuse Mental Health &
Safety Administration
www.systemofcare.samhsa.gov

Georgia's System of Care Website:
[Home - Georgia System of Care](#)

National Crisis and Suicide Hotline:
988

Common Acronyms

CANS	Child Adolescent Needs and Strengths Assessment
CC	Care Coordinator
CFT	Child and Family Team
CFTM	Child and Family Team Meeting
CME	Care Management Entity - In Georgia CMEs are a structure that creates a single locus of accountability to serve youth & families in the community. CMEs support the organization, management, delivery & financing of services & support across multiple providers & systems.
Tier 1/2+ provider (formally known as Core Provider)	Local behavioral health providers approved, contracted, and monitored by DBHDD to provide a comprehensive menu of behavioral health services to children, families, and adults in assigned communities.
CPS-P/Y	Certified Peer Specialist – Parent/Youth
CSB	Community Service Board
DFCS	Department of Family and Children Services
DJJ	Department of Juvenile Justice
Flex Funds	Discretionary funds to help families & youth access support that Medicaid typically will not cover.
GCAL	Georgia Crisis and Access Line
PRTF	Psychiatric Residential Treatment Facility
Respite	Short-term, temporary relief for those who are caring for family members who might otherwise require permanent placement in a facility outside the home.
ROI	Release of Information
SEBD	Severe Emotional and Behavioral Disturbance
SED	Severe Emotional Disturbance
SOC	System of Care
WS	Wrap Supervisor

Notes



Individual Handbook

Serving Catoosa, Chattooga, Dade, and Walker Counties and other counties by special contracts

<http://dbhdd.georgia.gov/>



Revised July 1, 2022



Vision Statement

Partnering with individuals throughout their journey to health, healing, and recovery.

Mission Statement

Our purpose is to partner with individuals and communities to improve lives by providing services that can lead to transformation.

WELCOME...

We are pleased you have chosen us as your provider for behavioral health, addictive diseases, and/or developmental disability services.

Upon enrollment, you will be assigned a treatment provider who will assist you in developing a person-centered service plan. Your input in directing the person-centered service plan is essential.

If you have a special need or physical disability, please let us know so that we can provide accommodations and ensure that you are comfortable, your needs are met, and you receive quality care.

The following provides information about your rights and responsibilities as an individual in our services. Assistance is available from your treatment provider should you have questions or need further clarification regarding any information contained in this Handbook.

CONFIDENTIALITY

Bridge Health staff are committed to protecting your right to confidentiality.

We will always protect your confidentiality unless doing so would pose a threat to you or to others. Please know that we are mandated to report any suspected child and/or adult abuse or neglect.

Our staff will not discuss your personal information with anyone outside of the organization or send out information about you unless you sign a release form giving us permission to do so. The release form should state precisely what information is to be shared, with whom it is to be shared, and for what purpose. On rare occasions, the release of your record may be ordered by a court of law. If you have concerns about this or any other limits to your confidentiality, be sure to discuss your concerns with your treatment provider.

INDIVIDUAL RIGHTS

When receiving services at Bridge Health, state and federal laws protect individuals' rights. Individuals' rights include:

- The right to quality care suited to your needs.
- The right to receive services that respect your dignity, and protect your privacy, health, and safety.
- The right to the provision of services and treatment in the least restrictive environment.
- The right to be informed of the benefits and risks of your service plan.
- The right to direct the development, implementation, and revision of your individual service plan.
- The right to set progressive treatment goals and review accomplishments on a regular basis.
- The right to have all treatment, services, educations, and policies explained using language that is meaningful to you.
- The right to receive open, honest communication from staff providing services.
- The right to refuse service, unless a physician indicates that refusal would be unsafe for you or others.
- The right to privacy with a choice to authorize or refuse the release of confidential information unless required by law.
- The right to affordable, prompt, and confidential services.
- The right to confidential records.
- The right to review and obtain copies of your records, unless the physician indicates that it is not in your best interest.
- The right to free language translation services, including sign language interpretation.
- The right to exercise all civil, political, personal and property rights to which you are entitled as a citizen.
- The right to remain free of physical restraints and/or corporal punishment or time-out procedures unless such measures are required for your safety or that of others.
- The right to access self-help and advocacy support services.
- The right to be free from physical and verbal abuse.
- The right to humane treatment and to remain free of threats either overt or implied.
- The right to be free from fear-eliciting procedures of any kind.
- The right to receive services which are sensitive to the diversity of culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language.
- The right to a tobacco-free environment in all Bridge Health facilities and vehicles.

- The right to participate in satisfaction surveys.
- The right to file a complaint (without fear of retaliation) if you think your rights have been restricted or denied along with the right to an investigation of alleged infringement of rights.
- The right to be fully informed of the charges for services.
- The right to obtain a copy of the agency's performance improvement report and current Strategic Plan. Visit the agency's website: www.BridgeCSB.org.
- The right to be notified when scheduled appointments will be delayed or to receive at least 24-hour notice, when possible, if the appointment is to be cancelled or rescheduled.
- If you are an individual in our substance abuse treatment and education program (DATEP), your rights also include the following:
 - The right to obtain a copy of the DA-TEP program's most recent completed report of licensing inspection upon written request.
 - The right to contact Department of Community Health, Healthcare Facility Regulation to obtain DATEP licensing information or to file a complaint. Contact information is as follows:

Department of Community Health
 2 Peachtree Street
 Atlanta, GA 30303-3159
 Phone: (404) 657-5700
 1-800-878-6442
www.dch.georgia.gov

INDIVIDUAL RESPONSIBILITIES

- To be honest with the staff providing services.
- To notify your treatment provider when services are received from any other providers, including medications prescribed.
- To engage in the process of developing and implementing your person-centered service plan.
- To respect the rights and confidentiality of other individuals.
- To pay assessed fees.
- To schedule and attend all appointments. At least a 48-hour notice is required if canceling or rescheduling an appointment.

STAFF CODE OF ETHICS

Bridge Health staff are expected to conduct themselves in a professional and respectful manner, maintaining the highest standards of ethical conduct. Staff must meet all requirements for education, training, experience, and competence for their current job position. Ongoing training is provided to staff to ensure quality services to all individuals.

Service Locations

Appointment Line:
1 866 55-BRIDGE (552-7434)

Fort Oglethorpe Outpatient Clinic
Catoosa County
1875 Fant Dr
Fort Oglethorpe GA 30742

Summerville Outpatient Clinic
Chattooga County
11578 Hwy 27
Summerville GA 30747

Trenton Outpatient Clinic
Dade County
12586 N Main St
Trenton GA 30752

Accountability Court Services
501 Mize St
Lafayette GA 30728

Recovery Services
806 E Villanow St
Lafayette GA 30728
(706) 639-2108

GENOA Pharmacy
(Located inside Fort Oglethorpe location)
Hours: Monday – Friday 8a – 5p
Closed from 12:30p – 1:30p
Phone: (706) 858-9056
FAX: (706) 861-3332

PSYCHIATRIC ADVANCE DIRECTIVES

What is a psychiatric advance directive?

It is a document that outlines the psychiatric care you would like to receive in the event you are unable to make the decision for yourself.

Who should have one?

Anyone with a severe and persistent mental illness should have one.

Is it legal in the State of Georgia?

At the present time it is not a legal document in the State of Georgia.

How do I get one?

You may contact:

Georgia Mental Health Consumer Network
(800) 297-6146 www.gmhcn.org

National Mental Health Association (NAMI)
(800) 969-6642 www.nmha.org/position/advanceddirectives.cfm

Bazelon Center for Mental Health Law
(202) 467-5730 www.bazelon.org/publications/advanceddirectives

Bridge Health staff may not assist in the writing or witnessing of an Advance Psychiatric Directive. If you have one, please give a copy to a staff member.

CONDITIONS FOR SERVICES

The following conditions may result in limitation, restriction, reduction, or termination of services:

- Engaging in or intent to engage in any behavior, act or commission of a criminal act (felony or misdemeanor) which is unlawful, illegal or necessitates intervention from any law enforcement officer or other legal entity.
- Assaultive, aggressive, destructive behavior, inappropriate sexual activity, or any other behavior which is dangerous or harmful to staff or other individuals served.
- Proper etiquette for telehealth requires that you are in a secure location, properly dressed and in an appropriate setting. Should you present inappropriately (i.e. in bed, driving, in a store, inappropriately dressed, etc.) the provider reserves the right to end the session and you will need to call back to reschedule.
- Willful, intentional, or malicious destruction, misuse, or theft of agency property.
- Possession or use of guns, knives, firearms or any other dangerous weapon or instrument on/in Bridge Health property or vehicles.
- Possession or use of alcohol, controlled substances (other than medication legally prescribed for the individual possessing it), or any other illegal substance on/in Bridge Health property or vehicles.
- It is the policy of Bridge Health to provide a tobacco-free environment in all Bridge Health facilities and vehicles.
- Lending, borrowing, giving, or selling medications to/from any other individual. Altering or tampering with prescriptions.
- Refusal to participate in the development and/or implementation of the person-centered service plan to the extent that non-participation is disruptive to services.
- Excessive absenteeism as described by the program attendance policy.
- Refusal to follow clinical recommendations for level of care or service type.
- Refusal to engage in services resulting in lack of reasonable expectations for change.
- Failure to provide valid and complete information necessary to determine eligibility, maintain eligibility status, or comply with any eligibility rule, regulation, or other requirements.
- Services may be unavailable due to reduced or eliminated funding or because the requested service is not provided by Bridge Health.
- Refusal to pay for services rendered may result in a reduction or termination of services unless clinically contraindicated.
- Voluntary request for termination by legally competent individual or individual's guardian.

COMPLAINTS AND GRIEVANCES

Bridge Health would like to provide you with the best care available. We are willing to listen to any concerns or complaints you have regarding services. Procedures and response times for individual complaints are fully explained in Bridge Health policies and procedures which are available to you through your treatment provider.

If you or your representative believe your rights have been violated, you may follow these steps:

Step 1. Talk to your treatment provider or his/her supervisor to discuss your concerns and to work on a solution.

Step 2. If the staff and supervisor are unable to satisfactorily resolve your concerns, you may file a formal complaint by calling the Ethics Point hotline at (844) 815-8233 or report via web bridgecsb.ethicspoint.com 24/7/365 with multiple languages translation support. A management team member will be notified and will follow up on your complaint.

Step 3. If your complaint is not satisfactorily resolved through the management team member, you may file a written request for review by the Chief Executive Officer.

Step 4. If you believe the matter still has not been adequately resolved after step #3, you may file a written appeal to the Bridge Health Board.

Step 5. Unresolved complaints may be filed with Department of Behavioral Health and Developmental Disabilities (DBHDD) Regional Office at (877) 217-4462 or the DBHDD Office of External Affairs at (404) 657-5964.

Additional Advocacy/Support Numbers:

National Alliance for the Mentally Ill
(800) 950-6264

Georgia Alliance for the Mentally Ill
(800) 728-1052

ARC of Walker County
(For people with Intellectual and developmental disabilities)
(706) 638-0962

Alcoholics Anonymous for Northwest Georgia
(423) 499-6003

Narcotics Anonymous
(423) 899-6500

Georgia Coalition Against Domestic Violence
(800) 334-2836

Legal Aid of Georgia
(888) 408-1004

Healthcare Facility Regulation
(800) 878-6442

Department of Behavioral Health and Developmental Disabilities
(877) 217-4462

See the Bridge Health website for an extensive list of community resources: www.BridgeCSB.org.

24-hour Crisis Line for Mental Health and Substance Abuse

(800) 715-4225



Bridge Health is a contracted provider for Georgia Department of Behavioral Health and Developmental Disabilities.



**24-Hour Poison Emergency Hotline
1-800-222-1222**

