

# Georgia Behavioral Health System Overview

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

December 16, 2019



# Agenda

DBHDD State Hospitals  
and Crisis System

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Behavioral Health  
Services

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Addictive Diseases

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Children, Young Adults,  
and Families

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U.S. v. State of Georgia:  
Americans with  
Disabilities Act  
Settlement Agreement

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# DBHDD State Hospitals and Crisis System

**Emile Risby, M.D.**

Director

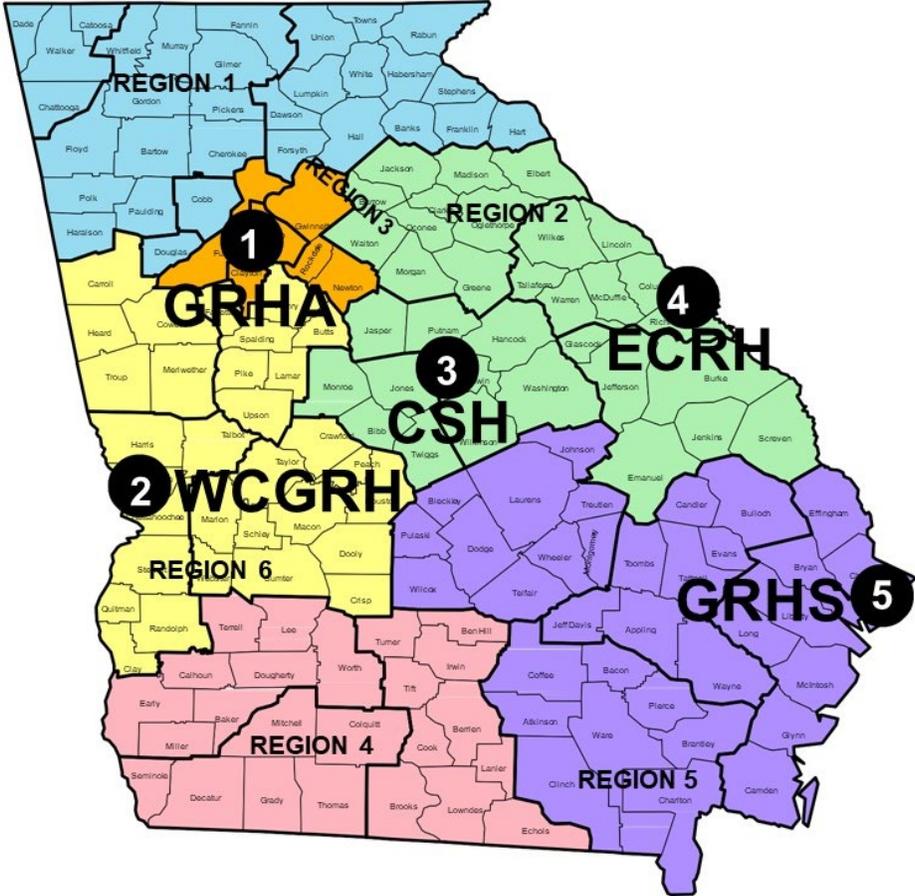
Division of Hospital Services



**D·B·H·D·D**

Georgia Department of Behavioral Health  
& Developmental Disabilities

# DBHDD Hospitals



# Services Offered in DBHDD Hospitals

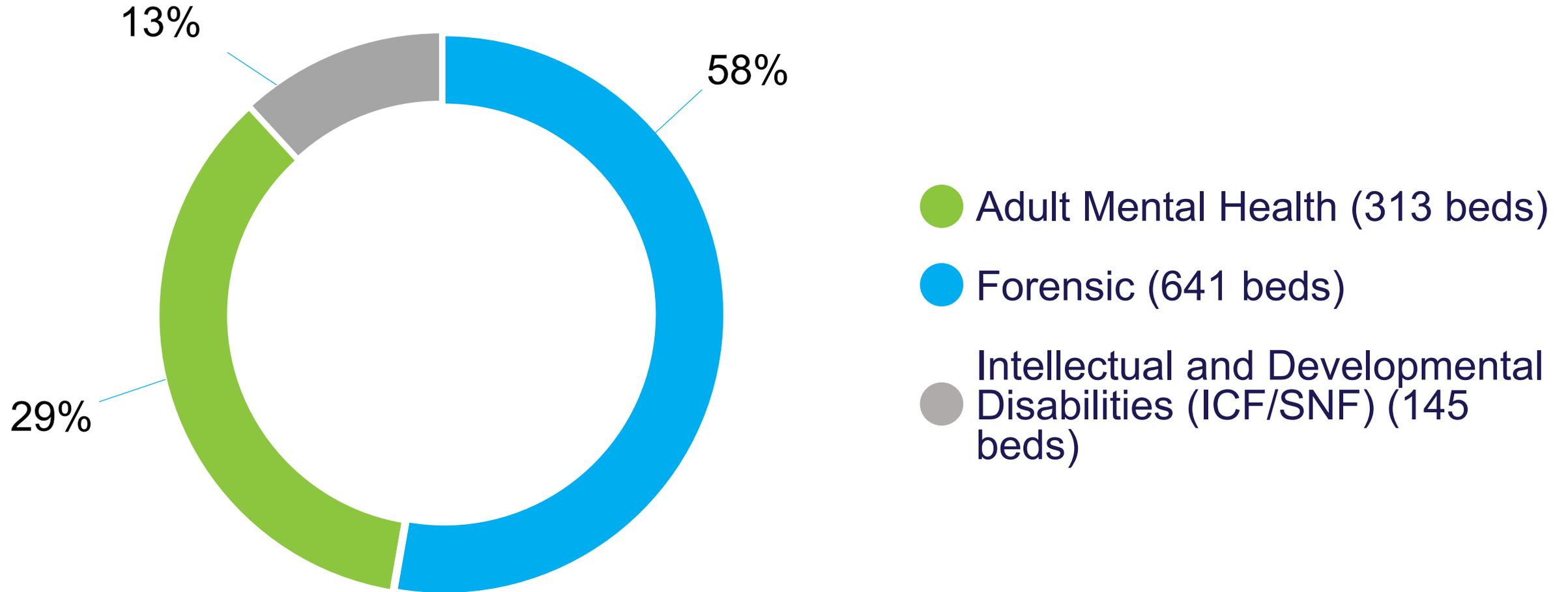
## Psychiatric Treatment

- **Full array of therapeutic modalities**
- Nursing Care
- Psychosocial Rehabilitation
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Activity Therapy
- Music Therapy

## Medical Treatment

- Primary Care Provider
- Coordination of medical specialty care (surgical, endocrine, infectious disease, ophthalmology, GYN, etc.)
- Respiratory Therapy
- Wound Care
- Pharmacy Services
- Laboratory Services
- Dental

# DBHDD Hospital Bed Capacity



Total Bed Capacity: 1,099

*As of December 12, 2019*

# DBHDD Inpatient Bed Capacity

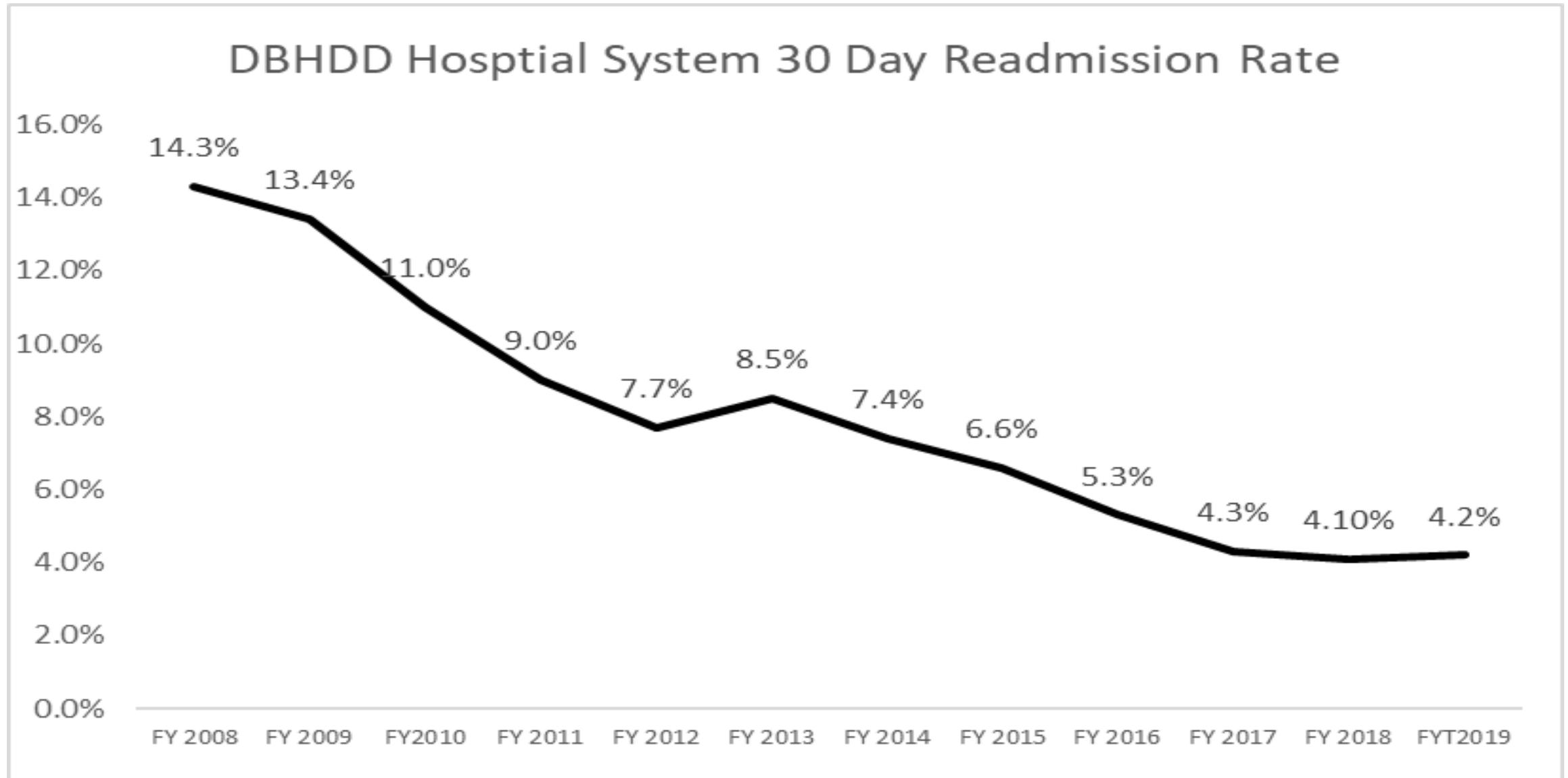
Hospital	Adult Mental Health	Forensic	I/DD	Nursing Home	TOTAL
GRHA - Atlanta	114	124		23	261
WCGRH - Columbus	40	154			194
CSH - Milledgeville		182			182
ECRH - Augusta	90	71	97	25	283
GRHS - Savannah	69	110			179
Total	313	641	97	48	1,099

# Adult Mental Health Services – FY 2019

Hospital	Discharges	Median Length of Stay
GRH-Atlanta	811	21
West Central	55*	112*
East Central	664	14
GRH-Savannah	655	10

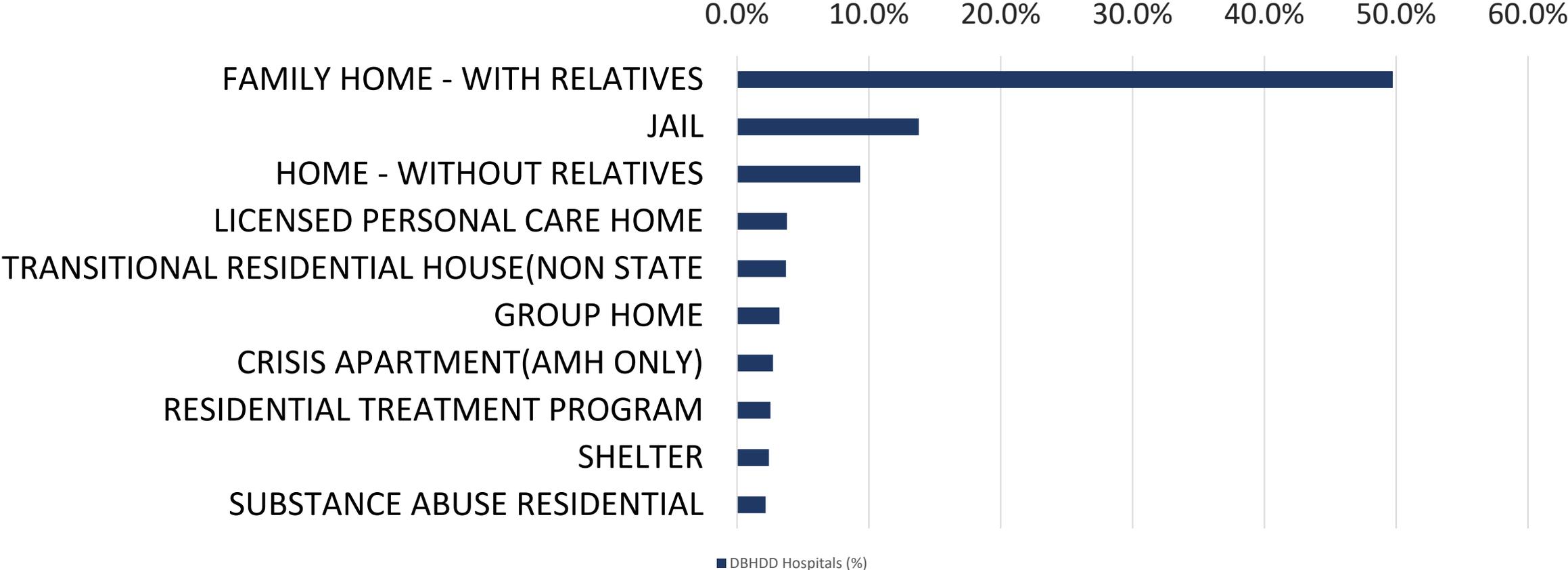
\*West Central primarily serves people with chronic inpatient needs.

# 30-Day Readmit Rate (AMH not Court Controlled)



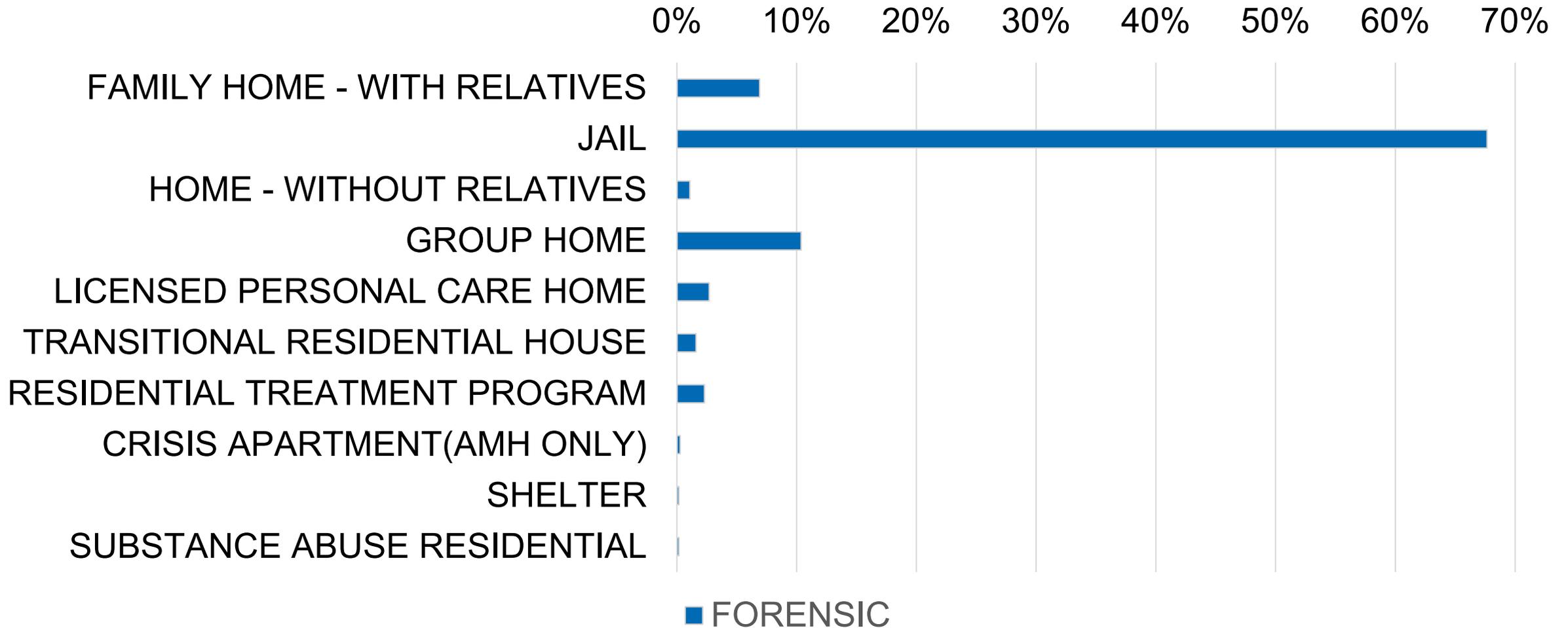
# Top Ten Residence at Discharge

DBHDD Hospitals Residence at Discharge (%)  
Jul 1, 2017 - Sep 30, 2019



# Top Ten Residence at Discharge

DBHDD Hospitals Residence at Discharge (%) - Jul 1, 2017 - Sep 30, 2019



# Forensic Services

## Forensic Evaluation and Expert Testimony

- Focus
  - Competency to stand trial
  - Criminal responsibility
- Customer: The Court
- 98% outpatient (mostly in the jail)

## Juvenile Forensic Services

- Outpatient Evaluations
  - Behavioral Health
  - Competency
- Outpatient restoration

# Forensic Services

## Competency Restoration

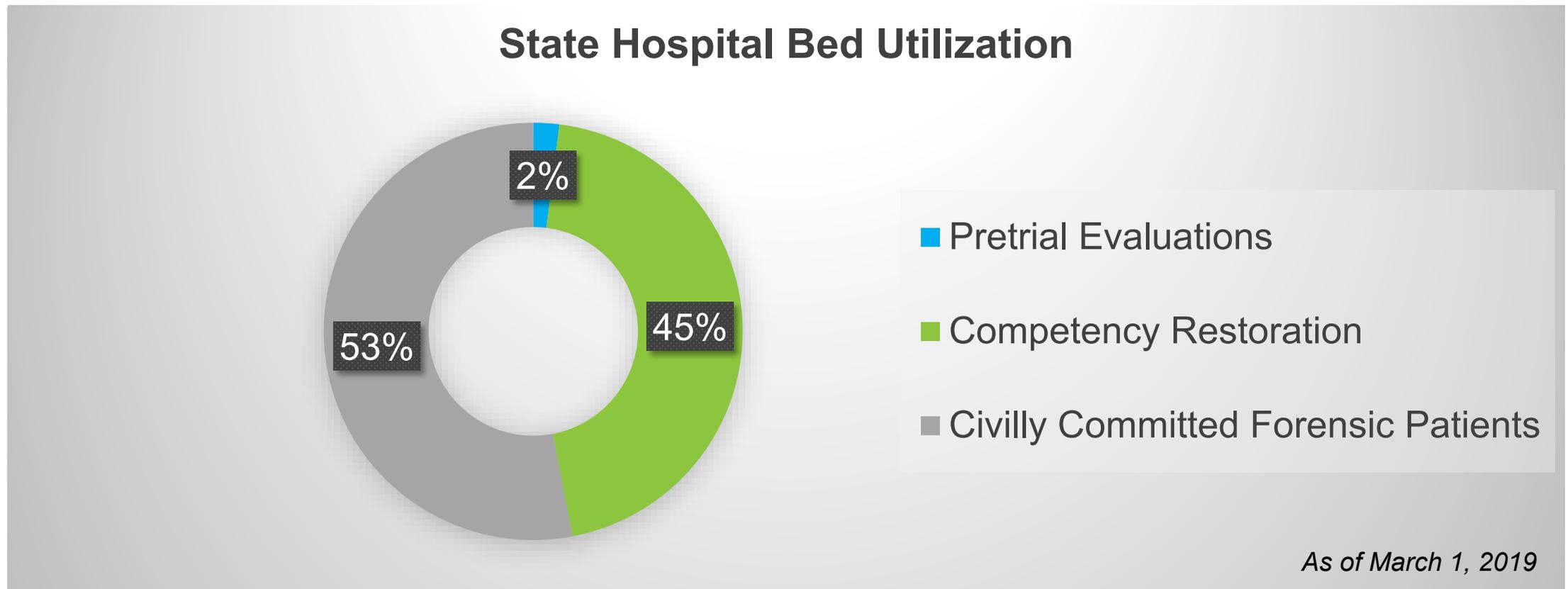
- Inpatient at state hospital
  - Average length of stay: 120 days
  - Note: SB 440 youth - 14-bed contracted facility
- Outpatient (if non-violent felony)
- Jail

## Inpatient Treatment for Forensic Civil Commitment

- Individuals Adjudicated:
  - Incompetent and cannot be restored
  - NGRI (Not Guilty by Reason of Insanity)
- Average length of stay: 7 years
- Long-term recovery-oriented services
- Risk assessment

# State Hospital Forensic Bed Use

641 beds on dedicated units across 5 state hospitals



# Community Forensic Services

## Forensic Community Coordinators

- Community monitoring of forensic individuals discharged with a court order for continued oversight
- Outpatient competency restoration
- 25 coordinator positions statewide

## Community Integration Homes

- Group residences for forensic individuals who need a high level of supervision
- 24/7 on-site DBHDD staff
- 11 homes statewide with a total 61-bed capacity
- 2020: adding 2 homes (total of 73 beds)

## Forensic Apartments

- Step-down residential service for individuals discharging from a community integration home (or state hospital)
- CSB (community service board) operated – under a contract with DBHDD
- 4 locations with a total 60-bed capacity

# Workforce Concerns

## Dentistry

22% Vacancy Rate

Our aging workforce will be very difficult to replace.

Physicians and  
Extenders

34%  
Vacancy Rate

Nursing  
(RM/LPN)

31%  
Vacancy Rate

Social Work

14%  
Vacancy Rate

Psychology

20%  
Vacancy Rate

Existing vacancies are mitigated through the use of agency staff and overtime.

# Clinical Training Collaborations

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- Emory Department of Psychiatry
- Morehouse School of Medicine
- Mercer University
- Augusta University
- Nursing Schools (multiple schools/universities)
- Psychology Intern (various universities)
- Dental Hygiene Students
- Gateway Psychiatric Residency Program

# Behavioral Health Services: Crisis and Non-Crisis Overview

**Monica Johnson, MA, LPC**

Director

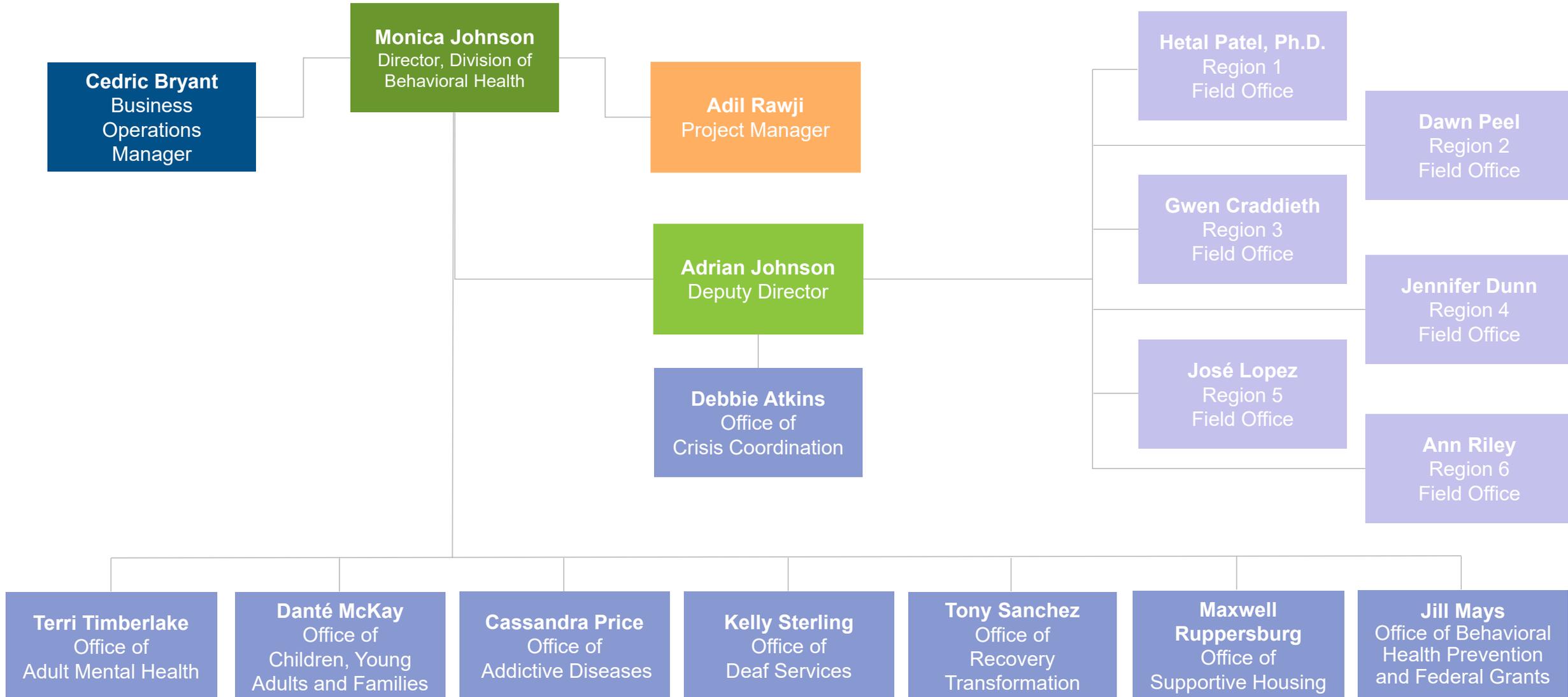
Division of Behavioral Health



**D·B·H·D·D**

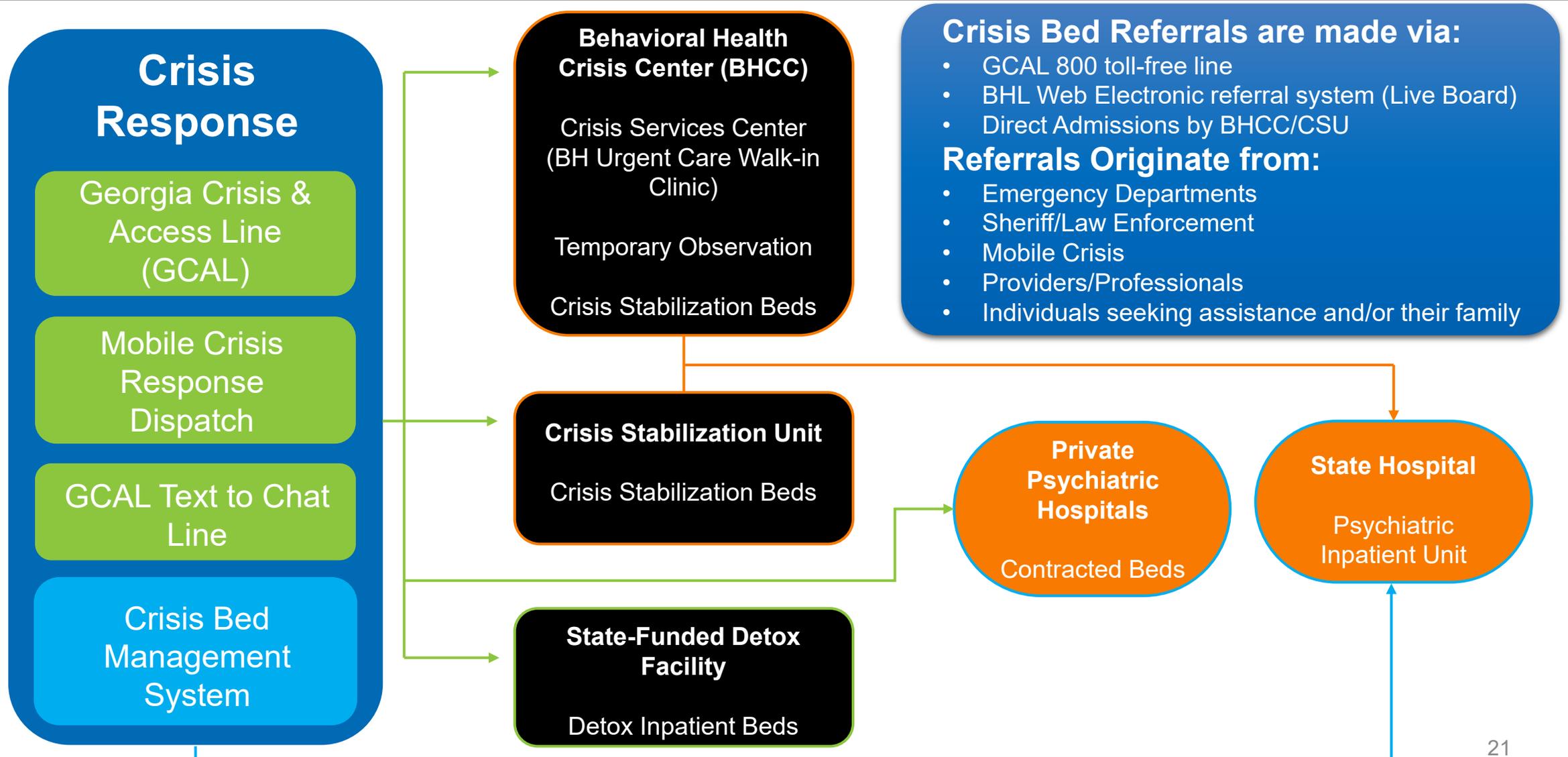
Georgia Department of Behavioral Health  
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# Division of Behavioral Health Organization



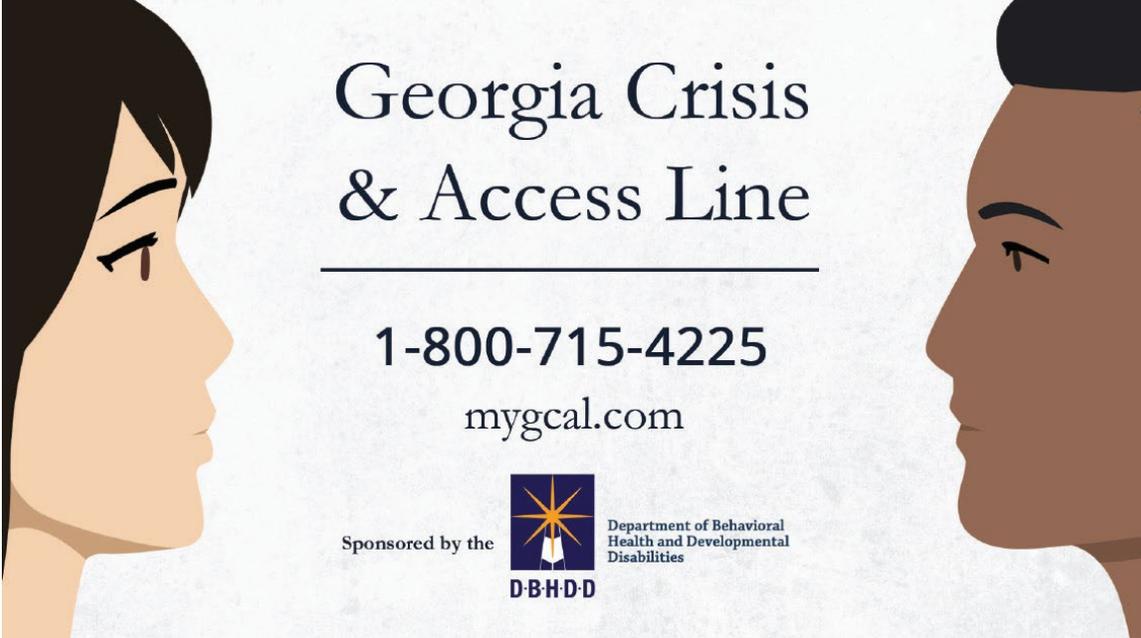
# Behavioral Health Crisis Services

# Behavioral Health Crisis Continuum



# Georgia Crisis and Access Line (GCAL)

- 24 hours a day, 7 days a week
- Statewide (159 counties)
- Connects callers with licensed clinicians and trained professionals
- Deploys mobile crisis response
- Manages entry into crisis services
- For individuals with intellectual/developmental disability and/or behavioral health
- Provider referrals
- Free and confidential
- Mobile application and texting capability



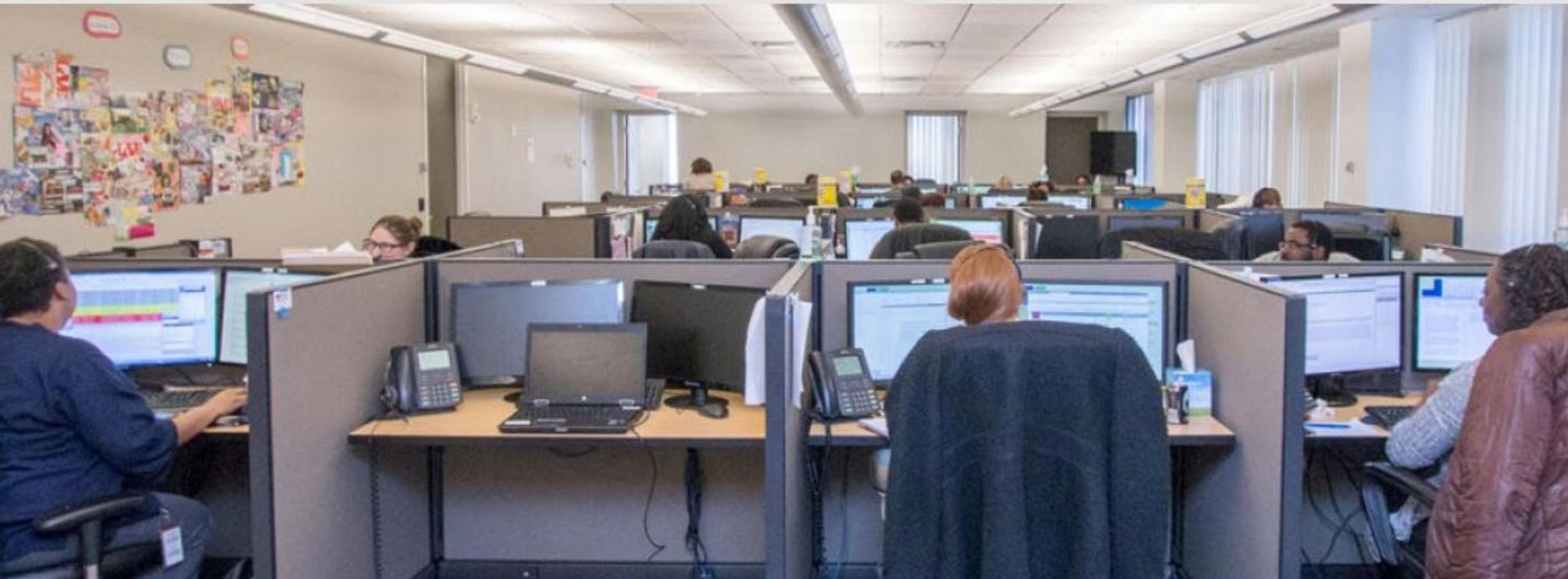
Georgia Crisis  
& Access Line

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1-800-715-4225  
mygcal.com

Sponsored by the  Department of Behavioral  
Health and Developmental  
Disabilities  
DBHDD

# GCAL Crisis Call Center



# Georgia Crisis and Access Line (GCAL)

- Atlanta-based call center receives 650-1,000 contacts on most business days
  - Nearly 40% are individuals calling for themselves
  - 6% are calling for their friends or family
  - 46% are professionals seeking support for an individual under their care or in their services
- Professionals call GCAL from emergency rooms, community mental health centers, private psychiatric hospitals, family and children services, courts, schools, law enforcement, probation and parole, and juvenile justice.

# GCAL Referral Board

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- Electronic database to provide a real-time picture of the use and availability of state-funded crisis beds
- GCAL and DBHDD-contracted providers can easily access information about who is waiting for a bed, how long they have been waiting, and how many beds are available 24/7
- Facilitates referral to services and/or placement in an appropriate treatment facility

# Function and Role of the Referral Board

## Electronic access to referrals into the crisis system

- Referrals are viewable by crisis providers electronically or can be accessed via a call to the Georgia Crisis and Access Line (GCAL)
- The referral is viewable by the appropriate provider in the region where the crisis occurred
- The facilities are required to review and assess individuals

## *Real-time tracking* of crisis bed census and availability

- Once a facility receives and evaluates a person and that person meets criteria to be placed in a bed, the facility can place the person in a bed
- This bed is considered occupied and no longer available
- DBHDD can track volume, length of stay, and many other data points to help improve the system

# Benefits of the Referral Board

Air traffic control  
of the referrals  
to the crisis  
system

Data on volume  
and wait times

Ability to see  
the crisis  
capacity and  
demand  
across the  
state

Better  
access to  
services

# Crisis Supports

## Crisis Stabilization Units (CSU)

- Residential alternative to inpatient hospitalization
- Community-based, medically monitored, short-term psychiatric stabilization and detoxification
- 71 CSU youth bed capacity
- 245 CSU standalone adult bed capacity
- 509 total adult crisis bed capacity (CSU and BHCC)

# Crisis Supports

## Behavioral Health Crisis Centers (BHCC)

- 24/7 walk-in access
- Psychiatric crisis assessment, intervention, and counseling
- Interventions include temporary observation, mobilization of natural support systems, and successful linkage to appropriate level of care
- 264 BHCC bed capacity
- 509 total adult crisis bed capacity (BHCC and CSU)
- 96 bed temporary observation capacity

# Mobile Crisis Response Service (MCRS)

**Community-based,  
face-to-face rapid  
response to  
individuals in active  
crisis**

**Statewide services  
for individuals with  
BH or I/DD  
conditions**

**Available 24/7  
through GCAL at  
800-715-4225**

**Offers crisis  
assessment,  
intervention, and  
referral services**

**Available in homes,  
schools, hospital  
emergency  
departments, jails,  
etc.**

**Includes post-crisis  
follow-up to ensure  
linkage with  
recommended  
services**

# Behavioral Health Services (non-crisis)

# Behavioral Health Services

- Behavioral health services provided to individuals in their own communities, offering high-quality services and supports through an array of comprehensive and specialty services
- Statewide service delivery system for the prevention and treatment of:
  - Mental illness (adult),
  - Serious emotional disturbance (children and youth), and
  - Substance use disorders in adults and youth
- Focus on recovery through community-based care, providing appropriate levels of service in the least restrictive setting possible

# Behavioral Health Services

- More than 130,000 people served annually
- State authority for behavioral health
- Contracts statewide with a comprehensive network of providers
- Statewide prevention services designed to reduce the risks and increase protective factors linked to substance-abuse-related problem behaviors, suicide, and mental health promotion
- Single state agency for Georgia and the only eligible entity for federal grants addressing prevention, treatment, and recovery for opioid misuse statewide

# Behavioral Health Provider Tiers

DBHDD relies on a network of contracted providers to deliver services. There are approximately 255 behavioral health providers statewide.

DBHDD categorizes behavioral health providers into three tiers based on the type of services delivered by the provider and the funding source for the service.

## Tier 1:

Comprehensive  
Community Providers  
(Medicaid and State-Funded)

## Tier 2:

Community Medicaid  
Providers

## Tier 3:

Specialty Providers

# Behavioral Health Service Array

## Core Benefit Package

- Behavioral health assessments
- Case management and skill building
- Crisis intervention
- Diagnostic assessment
- Individual, family, and group counseling
- Nursing evaluations
- Peer support services
- Psychiatric evaluation
- Psychological Testing

## Specialty Services

- Addiction treatment and support
- Assertive community treatment (ACT)
- Behavioral health crisis service centers
- Crisis stabilization units (youth & adults)
- Supportive housing
- Residential services
- Intensive case management
- Intensive family intervention
- Mobile crisis
- Peer wellness centers
- Prevention services
- Psychosocial rehabilitation
- Supported employment
- Youth clubhouses

# Addictive Diseases

**Cassandra Price, MBA, GCADC-II**

Director

Office of Addictive Diseases



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Georgia Department of Behavioral Health  
& Developmental Disabilities

# Substance Use Treatment and Addiction Recovery Supports

22 Crisis Stabilization Programs

7 Transitional Programs

3 Residential Detox Programs

38 Residential Programs (varying intensity)

24 Addiction Recovery Support Centers

25 Non-Intensive Outpatient

7 Substance Abuse Intensive Outpatient

7 MAT\* Providers working on SOR\*\* Grant

State Targeted Response Grant & SOR Grant

72 Approved Non-Funded OTP\*\*\* Providers

13 Medicaid OTP

2 DBHDD Contracts for OTP

\*Medication-Assisted Treatment; \*\*State Opioid Response; \*\*\*Opioid Treatment Program

# Addictive Diseases Treatment and Recovery Service Areas

## Adult

- 24 addiction recovery support centers
- Peer-led program that offers non-clinical activities
- Recovery activities are community-based services

## Women

- For women with substance use disorders who are pregnant and/or parenting children under 13
- Addresses barriers to employment, education, housing, family roles and responsibilities, and natural supports in the community

## Youth

- 24-hour intensive residential treatment program
- Substance abuse recovery support clubhouses – engaging adolescents and families in recovery



# Adult Treatment and Recovery Support Services



## Withdrawal Management (Detoxification)

- 3 withdrawal management (detoxification) providers
- 24/7 oversight and support for withdrawal complications and treatment interventions

## Residential Treatment

- 16 intensive residential programs
- 15 semi-independent residential programs
- 7 independent residential programs

## Recovery Support

- 24 recovery support service providers throughout the state
- Non-treatment recovery supports to enhance sobriety, long-term recovery, health, and wellness

# Adult Treatment and Recovery Support Services



DBHDD Funding

## Crisis Stabilization Units

- 22 crisis stabilization units
- 24/7 oversight and support for withdrawal complications, and treatment interventions

## Transitional Housing

- 7 transitional housing programs
- Step-down service for CSUs, providing 30-day services for housing and outpatient treatment

# Women's Treatment and Recovery Support Services (WTRS)

## RESIDENTIAL

DBHDD funds 22 providers  
Maximum 6-month stay

- Intensive residential treatment for substance use disorders and/or co-occurring mental health challenges
- Focus on clinical interventions, trauma, priority admission for pregnant women, IV users, and DFCS/child welfare involvement, family centered approach

## OUTPATIENT

DBHDD funds 17 providers  
4–12 months of services

- Community-based treatment for substance use disorders and/or mental health challenges
- Focus on trauma, psychoeducation, group and individual counseling, work readiness and job/life skills, parenting, case management services, and peer support

## TRANSITIONAL

DBHDD funds 14 providers  
Maximum 6-month stay

- Safe, stable housing for women/families that have completed care
- Focus on independent living skills, employment support, case management, and peer support
- Direct linkage to community-based services including childcare and primary health care

# Youth Substance Use Treatment and Recovery Support Services

## Intensive Residential

**DBHDD funds 2 adolescent intensive residential treatment (IRT) programs**

- 24-hour supervised residential treatment for adolescents ages 13-17 who need a structured residence due to substance abuse

## Non-Intensive Outpatient

**Treatment services for adolescents ages 13-17 who require structure and support to achieve and sustain recovery**

- Focus on early recovery skills, including the negative impact of substances, tools for developing support, and relapse prevention skills

## Clubhouses

**DBHDD funds 9 adolescent recovery support clubhouses for youth who struggle with alcohol and substance use**

- Comprehensive substance abuse recovery support model designed to engage adolescents and their families in their own recovery
- Youth participate in social outings, educational supports, employment supports, and transitional services

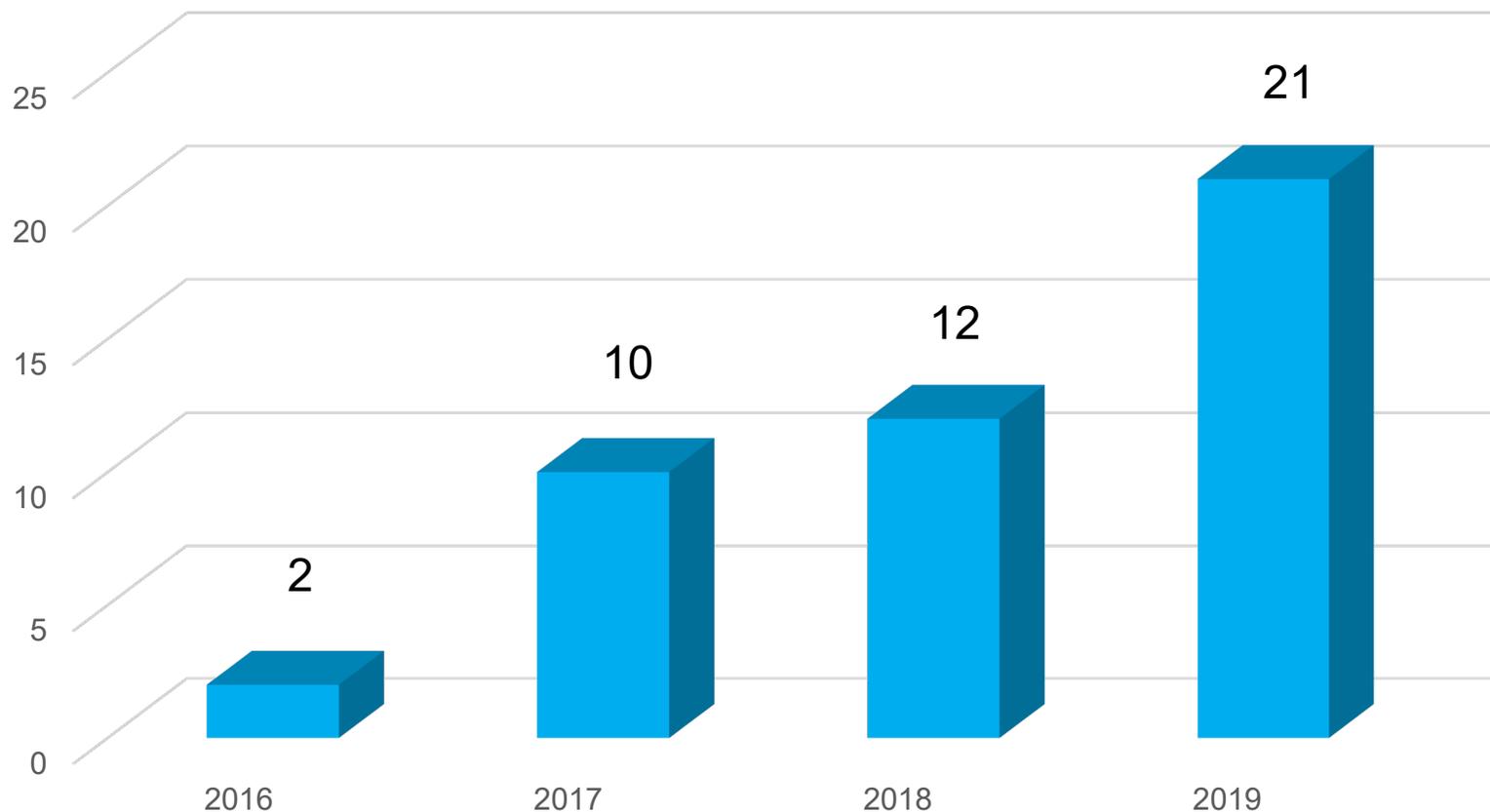


# Opioid Use Prevention, Treatment, and Recovery

- DBHDD is designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the single state authority for Georgia
- Responsible for the State Targeted Response (STR) and State Opioid Response (SOR) grants administered by the Substance Abuse and Mental Health Services Administration to address the Opioid Crisis statewide
- Total of \$73.7 million of grant funds to increase access to treatment and reduce overdose related deaths through the provision of prevention, treatment, and recovery activities

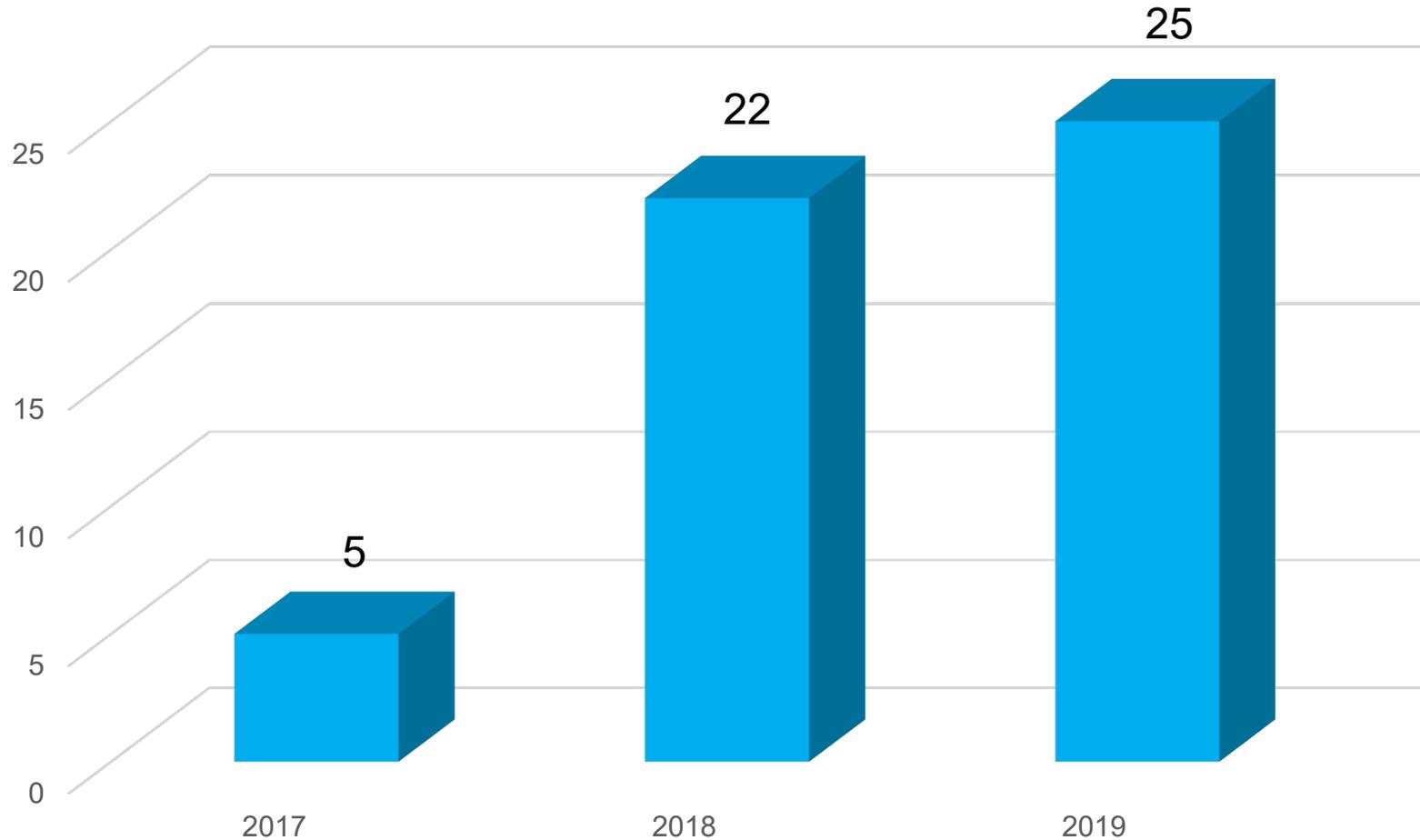
# Medication-Assisted Treatment Providers in DBHDD's Network before and after STR and SOR

- Addition of **19 new providers** since 2016 (**950% increase**)
- **1,704 Georgians** supported through MAT (May 1, 2017 to August 31, 2019)



DBHDD MAT Providers

# Addiction Recovery Support Centers before and after STR and SOR



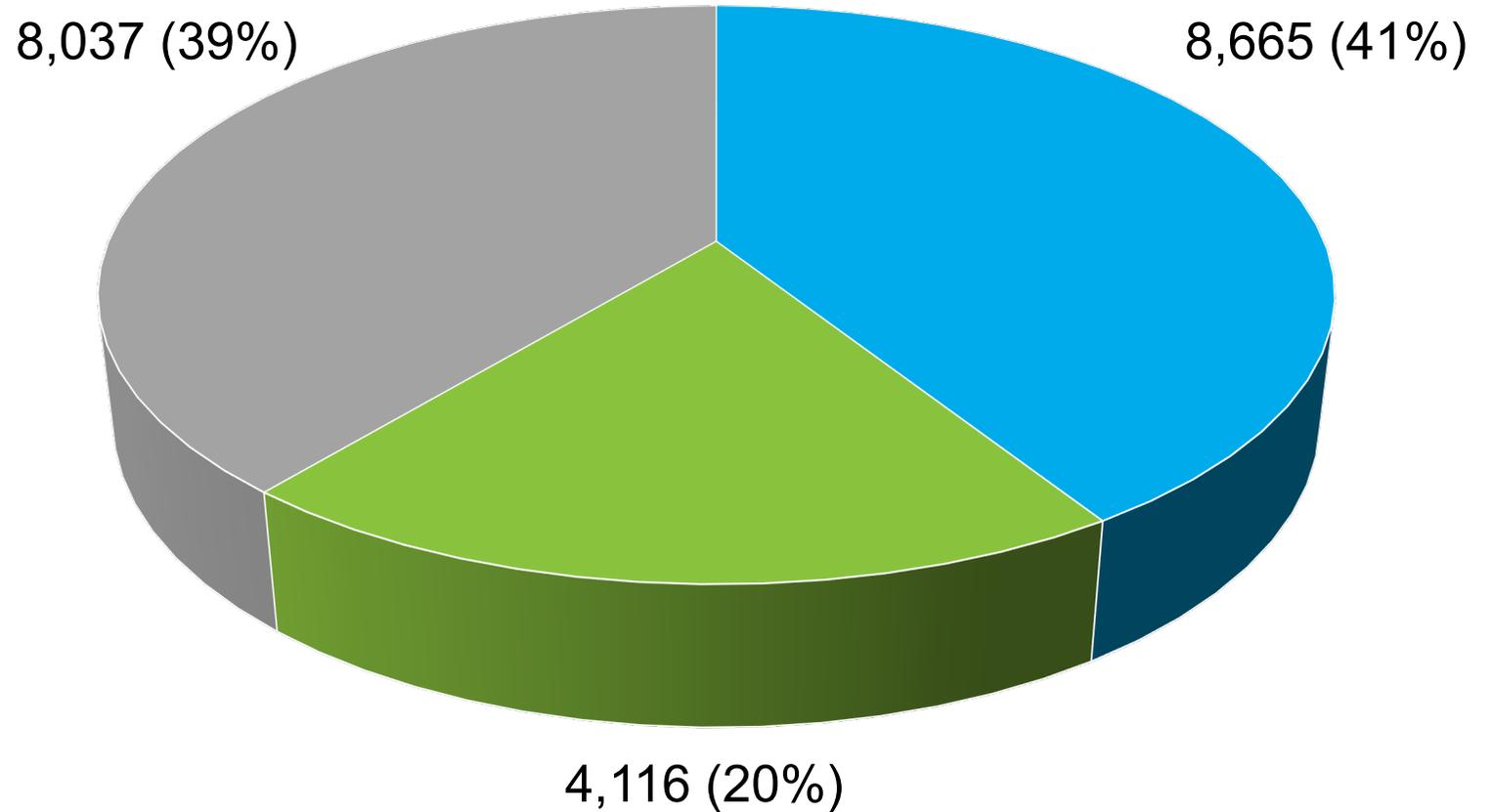
Increases in state and federal funding have contributed to **400% increase** in ARSCs (from 5 to 25) since 2016

# STR/SOR funded Peer Recovery Support Services

## Peer Recovery Support Service Encounters by Type

(Only STR/SOR-funded programs, May 1, 2017 to August 31, 2019)

**Total: 20,023**



■ Warmline Encounters

■ Emergency Department Peer Encounters

■ ARSC Encounters

# STR/SOR Opioid Grant Prevention Program Components

## Statewide Media Campaign

Increases awareness about opioid misuse and abuse, provides education about the problem and available resources, reduces stigma, and increases awareness and understanding of the Good Samaritan Law.

## Naloxone Education and Training

Provides naloxone/NARCAN training for first responders and people in the community (ambulance drivers, emergency room professionals, firefighters, police officers, community service boards, etc.).

## Peer Assisted School Transition Program

Opioid prevention education program and toolkit for use across key student transitional periods (elementary to middle school, middle to high school, high school to college).

# Opioid Overdose Reversal

## Training

**4,079** first responders trained

**11,100** citizens trained

## Kit Distribution

**3,739** kits distributed to first responders

**13,824** kits distributed to citizens

## Results

**1,892** self-reported overdose reversals

# State Opioid Response Initiatives

## Georgia Recovers

(statewide anti-stigma campaign to remind everyone that people do recover from substance use disorder)

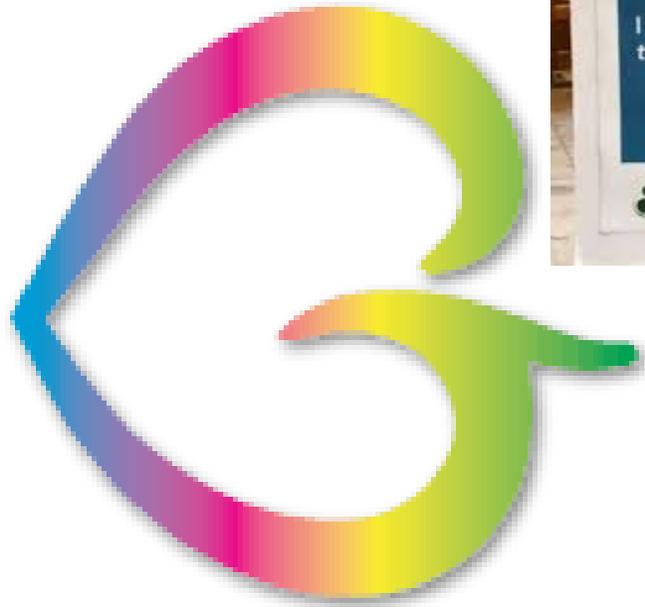
## Statewide Emergency Department Initiative

(training 18 recovery community organizations/addiction recovery support centers on how to support EDs regarding individuals that present with overdose or inquire about substance use disorder)

## Faith-Based Initiative

(training 20 faith-based leaders on how to engage and educate their communities on substance use disorder)

# First Statewide Stigma Reduction Campaign



**GEORGIA  
RECOVERS**



# Children, Young Adults, and Families

**Danté McKay, JD, MPA**

Director

Office of Children, Young Adults, and Families



**D·B·H·D·D**

Georgia Department of Behavioral Health  
& Developmental Disabilities

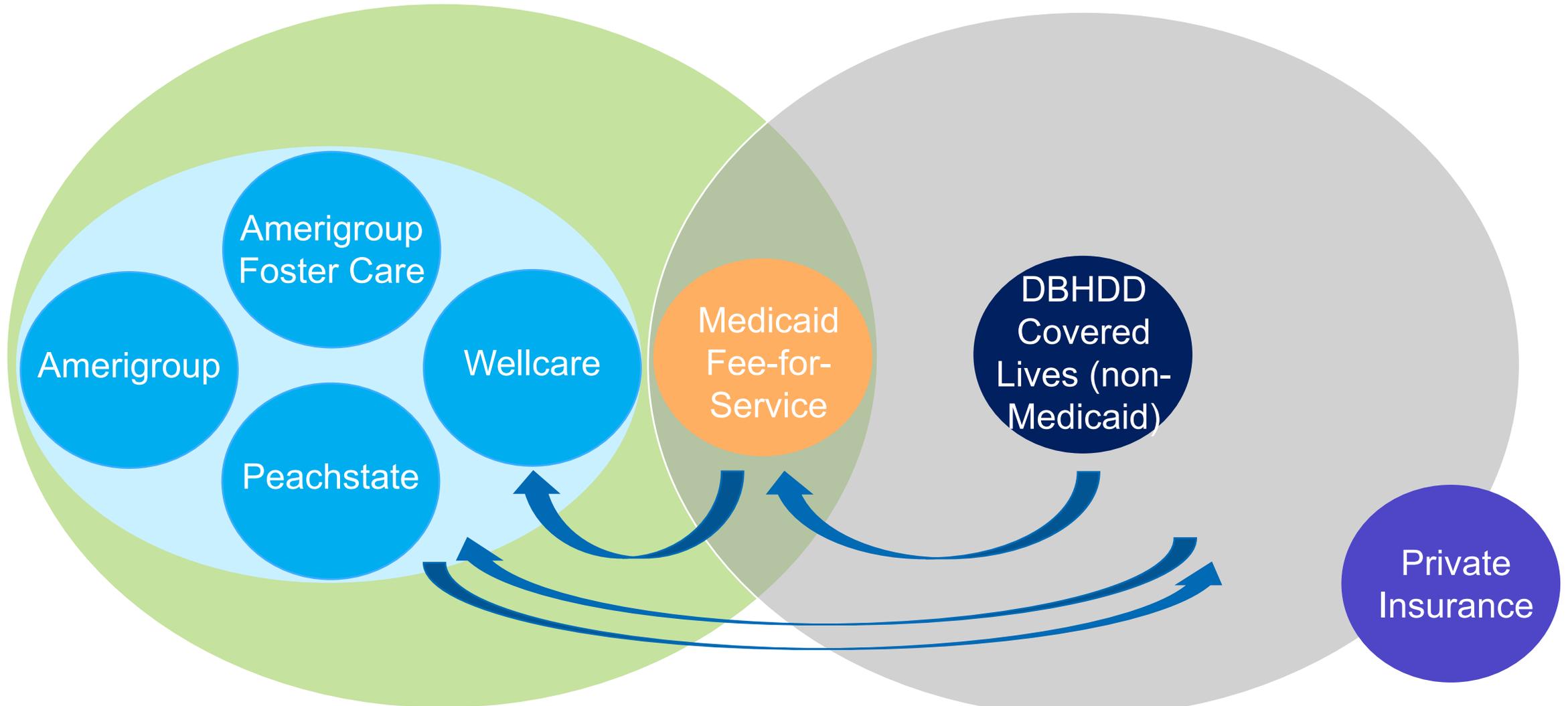
# Office of Children, Young Adults, and Families

DBHDD provides a continuum of care for youth and families experiencing behavioral health disorders.

This continuum spans from prevention and early screening to later intervention, such as crisis stabilization or in-patient.



# State of Georgia Behavioral Health Public Payers



# Sample of Services for Children, Young Adults & Families



## Core Benefit Package

- Evaluation/Assessment
- Diagnosis
- Counseling/Medication
- Therapy (individual, group, family)
- Community Support Services
- Crisis Assessments
- Physician Services

## Specialty Services

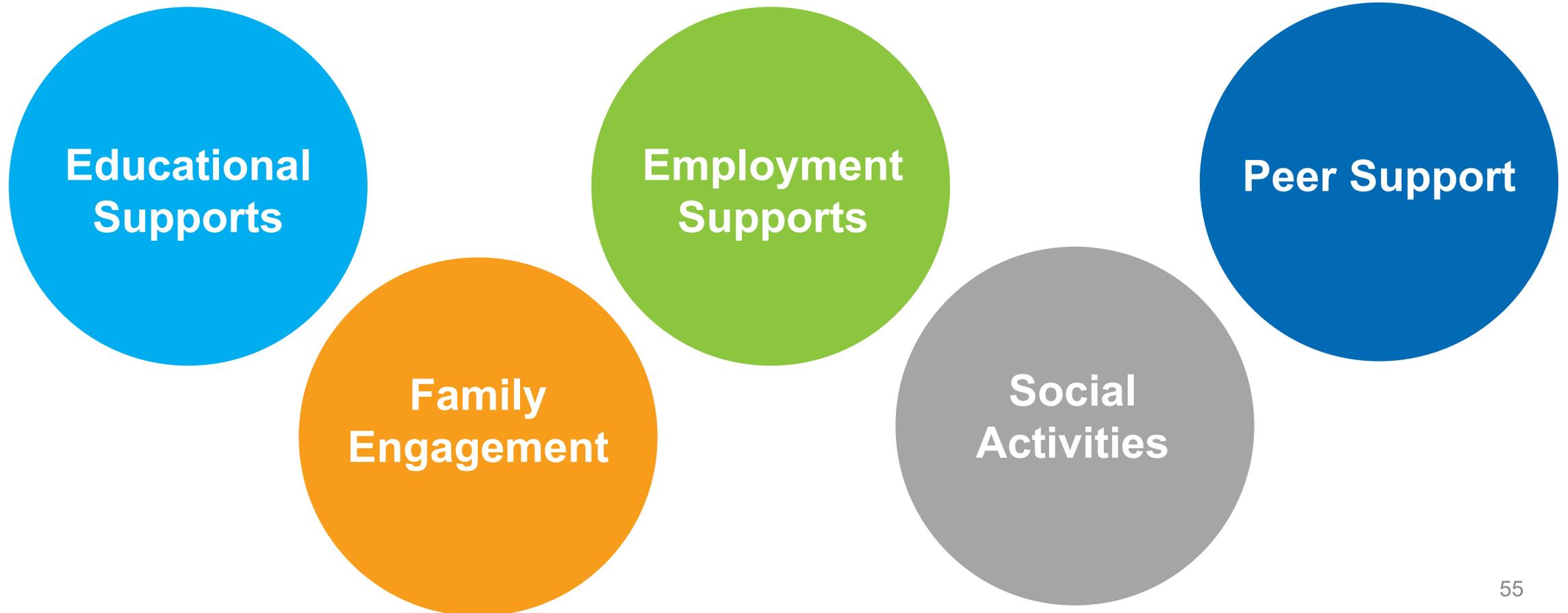
- Mental Health Resiliency Support Clubhouses
- Georgia Apex Program
- System of Care
- Youth Suicide Prevention

## Crisis Services

- MyGCAL Text/Chat
- Mobile Crisis Response Services
- Crisis Stabilization
- Psychiatric Residential Treatment Facilities

# Youth Mental Health Resiliency Support Clubhouses

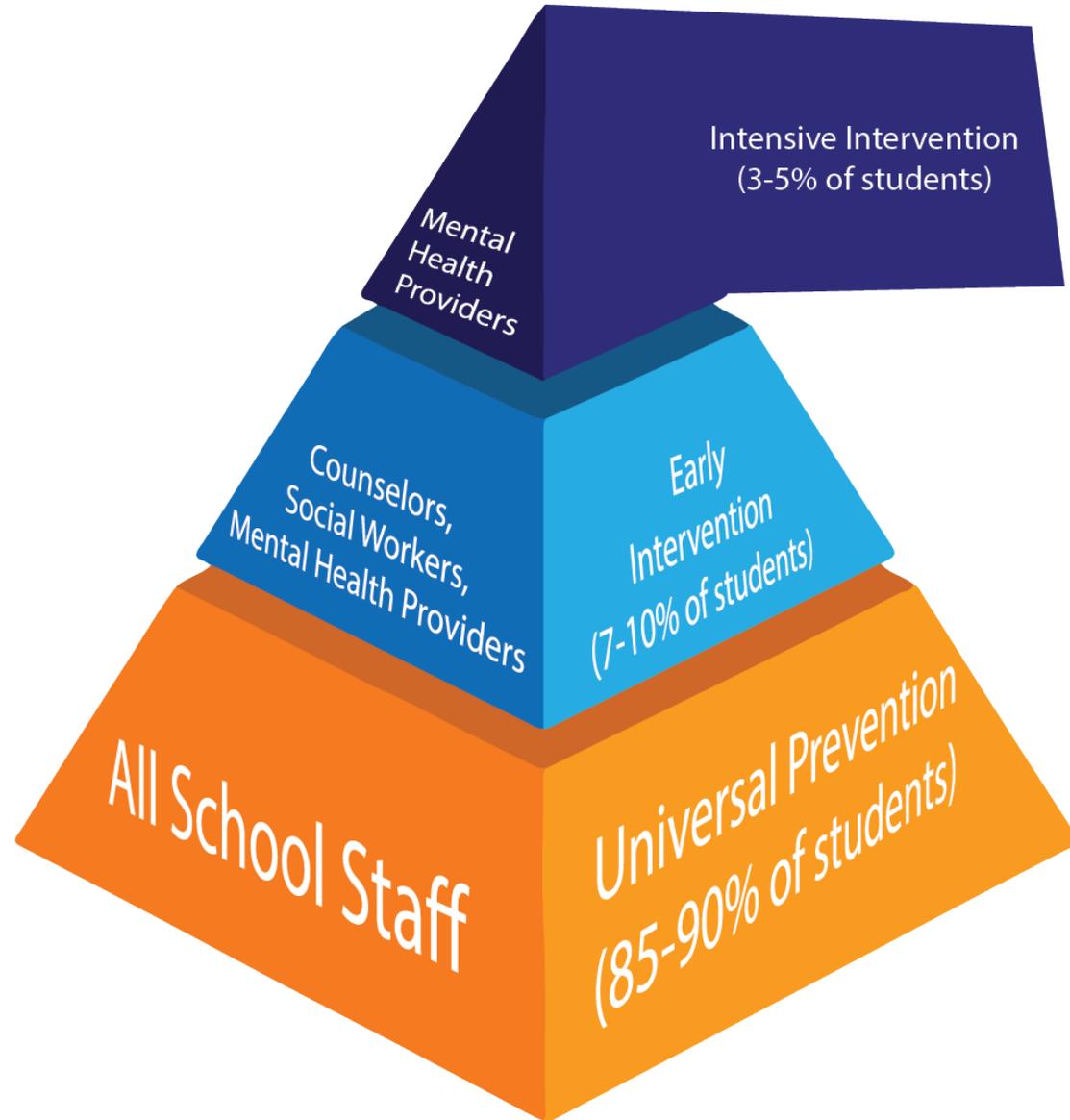
Therapeutic environment for youth and young adults with mental health needs.



# Georgia Apex Program Goals



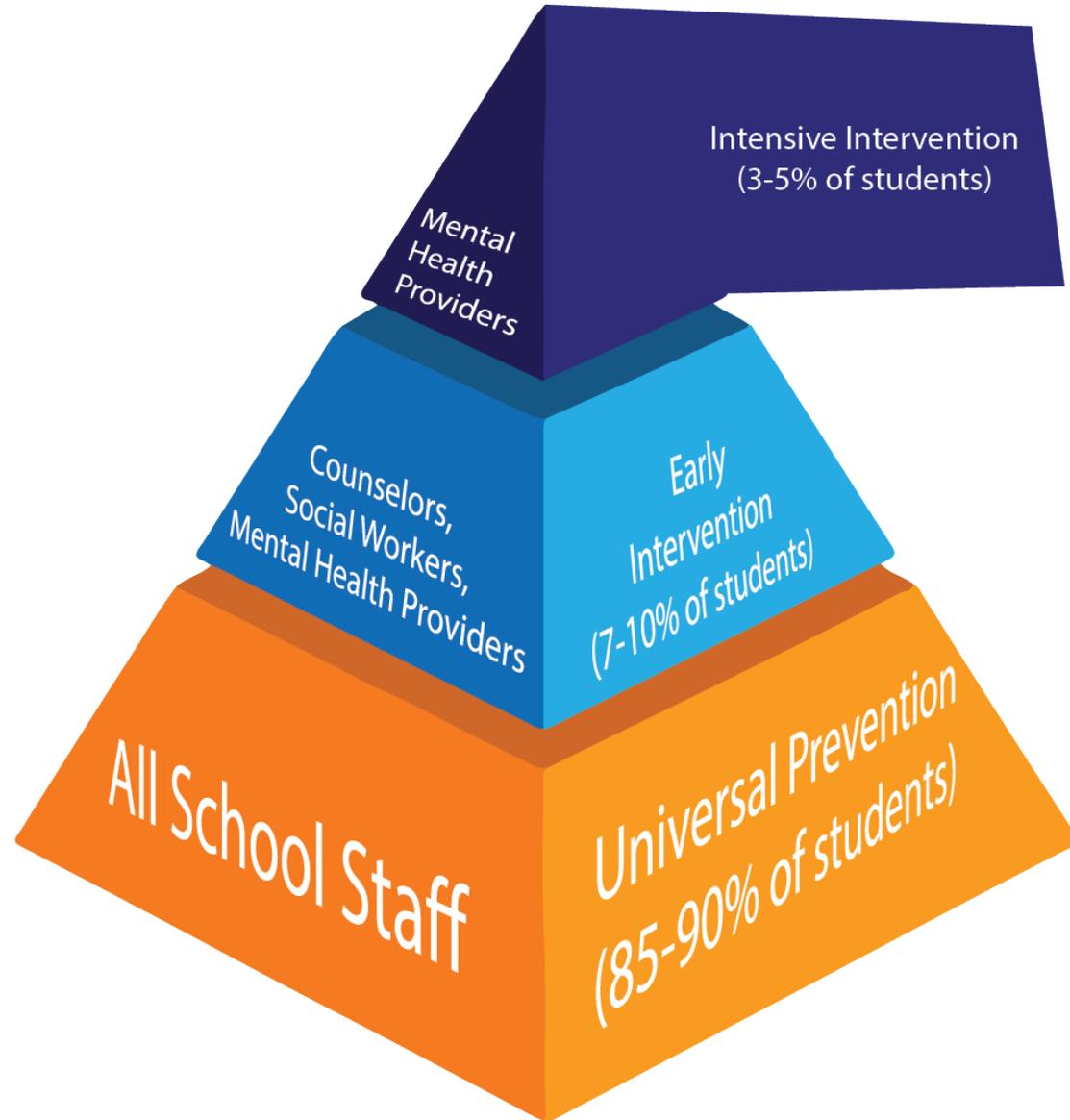
# Georgia Apex Program



## Tier 1

- School events
- Parent education
- Mental health awareness events
- Classroom observation
- Social emotional curricula and programs
- Universal screenings
- Positive Behavioral Intervention and Supports
- In-service trainings on mental health

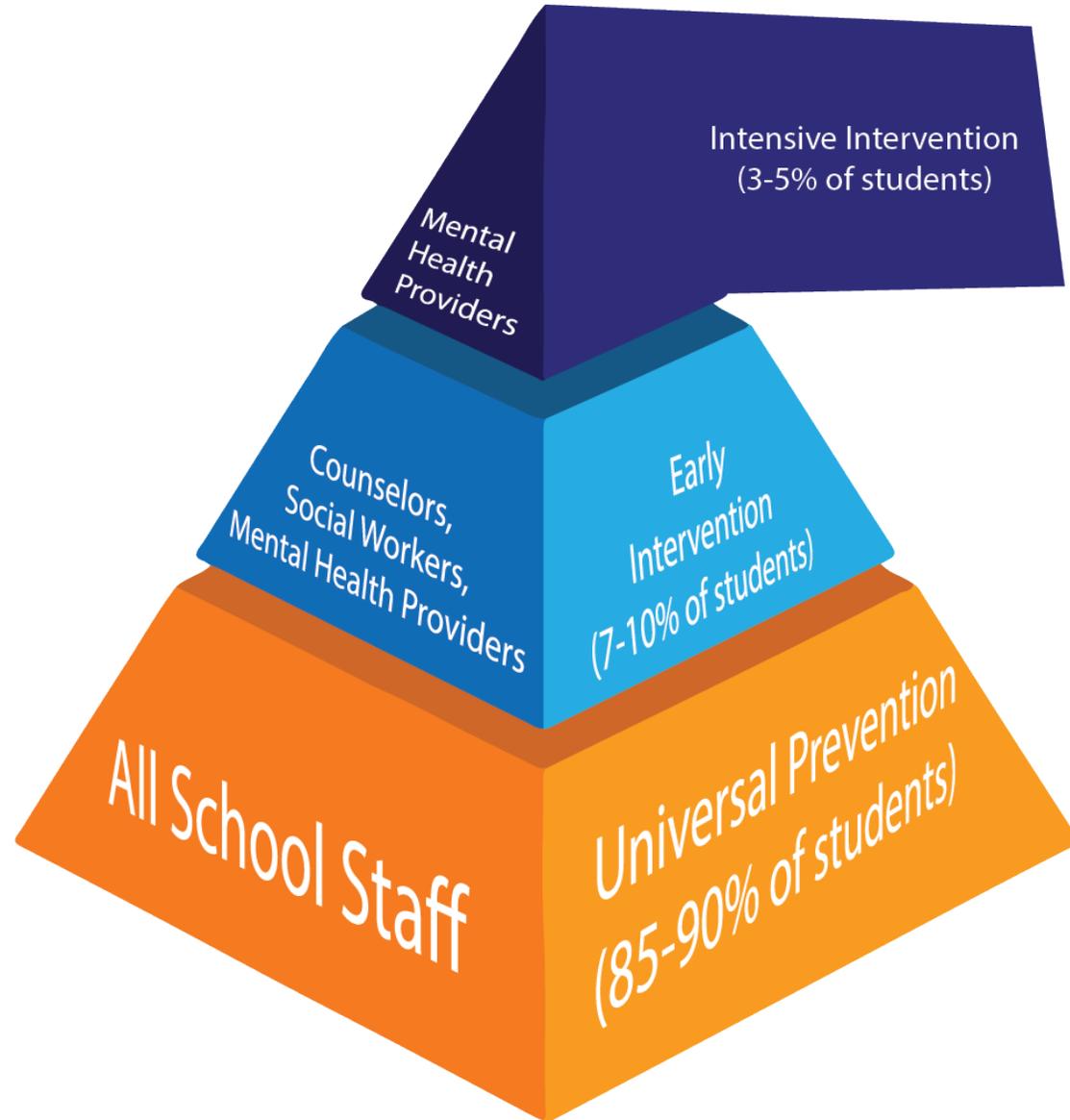
# Georgia Apex Program



## Tier 2

- Individual therapy for at-risk students
- Group therapy for at-risk students
- Targeted screening
- Check-in/check-out
- Youth Mental Health First Aid

# Georgia Apex Program



## Tier 3

- Individual therapy for indicated students
- Behavior assessment
- Crisis management services
- Group therapy for indicated students
- Family therapy

# Three Phases of Apex

## Apex 1.0

Base Budget  
\$9.5 million  
(annualized)

## Apex 2.0

Commission on  
Children's Mental  
Health  
+ \$4.3 million  
(annualized)

## Apex 3.0

Governor Kemp's  
Allocation  
+ \$8.4 million  
(one-time)

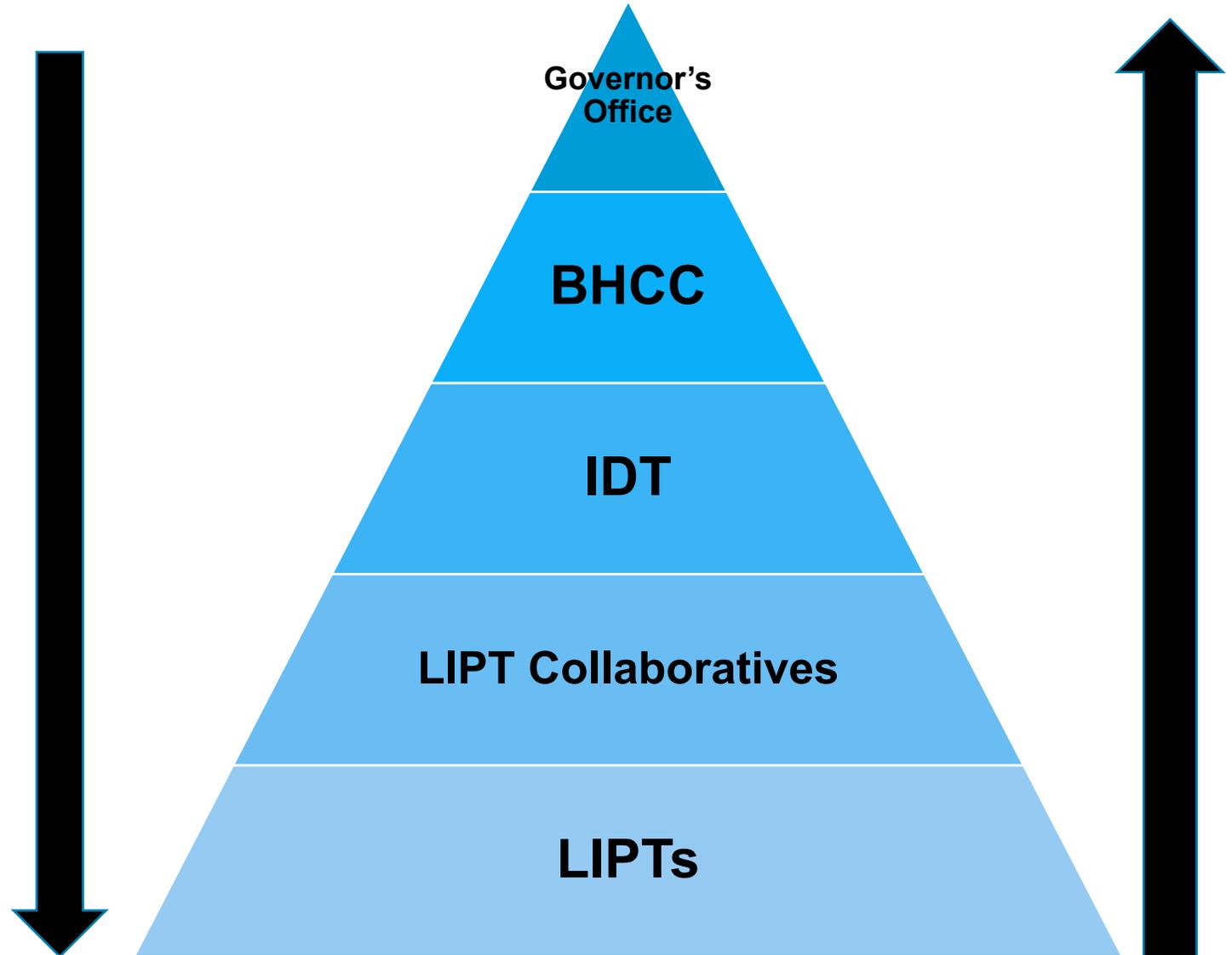
# Apex 1.0

	<b>Year 1 (2015-16)</b>	<b>Year 2 (2016-17)</b>	<b>Year 3 (2017-18)</b>	<b>Year 4 (2018-19)</b>
Schools	136	210	309	436
First-time students served	2,419	2,822	3,464	5,419
Students served	9,695	23,240	36,404	51,793
Services	22,640	40,044	60,318	89,642

Note: 319,003 students had access to universal prevention services during the 2018-19 academic year

# System of Care Infrastructure in Georgia

- Behavioral Health Coordinating Council (BHCC) (§ 37-2-4)
- Interagency Directors Team (IDT)
- Local Interagency Planning Teams (LIPTs) (§ 49-5-225)



# Interagency Directors Team

- **Department of Behavioral Health & Developmental Disabilities**
- Department of Community Health
- Department of Early Care and Learning
- Department of Education
- Department of Juvenile Justice
- Department of Public Health
- Division of Family and Children Services (DHS)
- Georgia Vocational Rehabilitation Agency
- Care Management Entities
- Care Management Organizations
- Center of Excellence for Children's Behavioral Health, GSU
- Center for Leadership in Disability, GSU
- Children's Healthcare of Atlanta
- Georgia Alliance of Therapeutic Services for Families and Children
- Georgia Appleseed
- Georgia Association of Community Service Boards
- Georgia Chapter American Academy of Pediatrics
- Georgia Early Education Alliance for Ready Students
- Georgia Parent Support Network
- Mental Health America, Georgia
- National Alliance on Mental Illness, Georgia
- Resilient Georgia
- The Carter Center
- Together Georgia
- Voices for Georgia's Children
- The United Way of Greater Atlanta
- Federal Consultant – Center for Disease Control

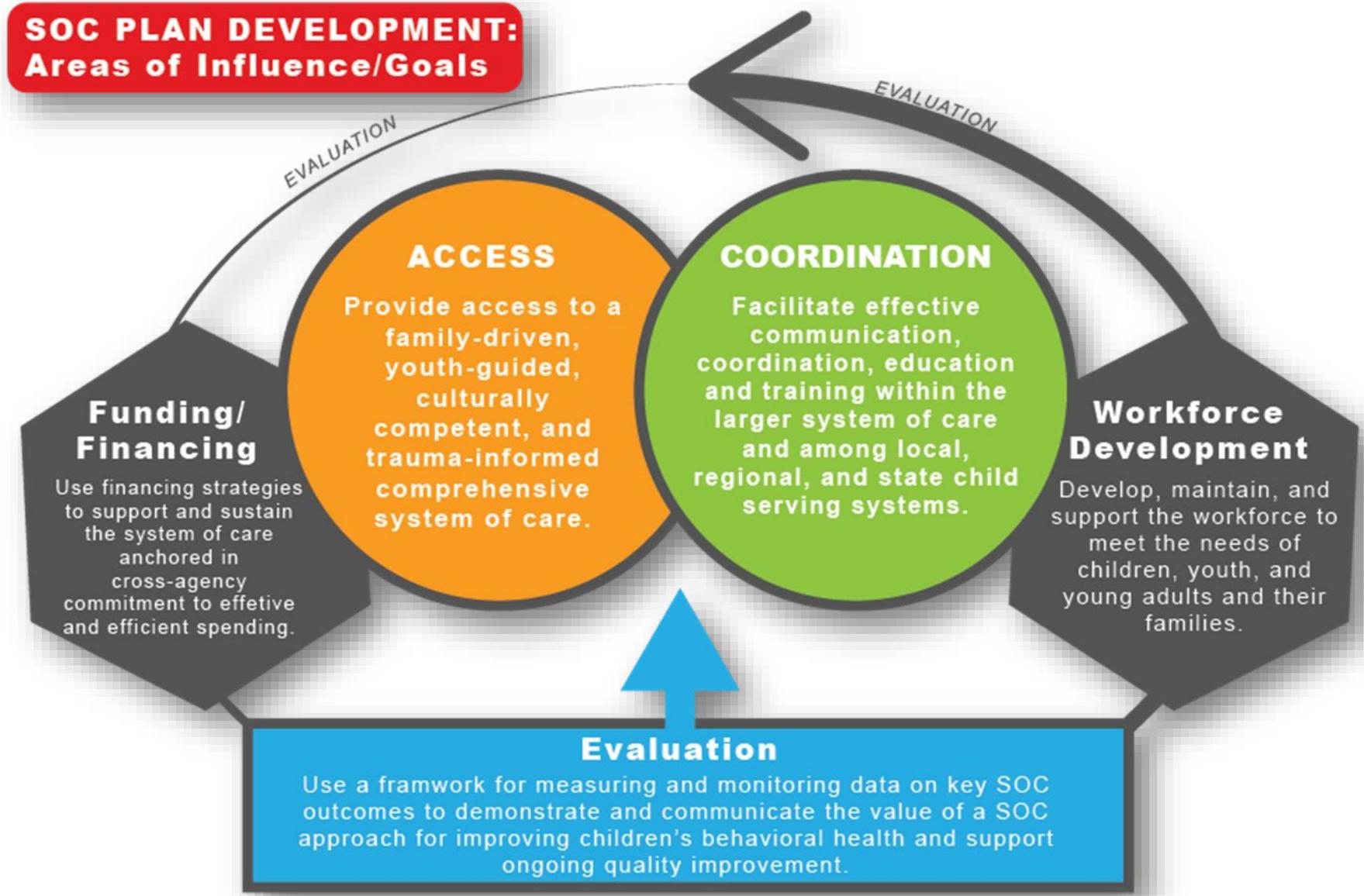
# Georgia System of Care (SOC) State Plan

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## **Values & Principles:**

- Spectrum of effective, community-based services and supports
- Organized into a coordinated network
- Builds meaningful partnerships with families and youth
- Addresses cultural and linguistic needs, in order to improve functioning at home, in school, in the community

# Georgia System of Care (SOC) State Plan



# Centers of Excellence for Behavioral Health

- 1) **Georgia Center of Excellence for Children's Behavioral Health, Georgia State University**
- 2) Center of Excellence for Infant & Early Childhood Mental Health Consultation, Georgetown University
- 3) Center for Effective Interventions, University of Denver School of Social Work
- 4) Center for Innovative Practice, Case Western Reserve University
- 5) Child Health and Development Institute of Connecticut
- 6) DMH UCLA Prevention Center of Excellence
- 7) EPISCenter, Penn State University
- 8) Evidence Based Practice Institute, University of Washington School of Medicine
- 9) Institute for Innovation & Implementation, University of Maryland School of Social Work
- 10) PerformCare New Jersey
- 11) Texas Institute for Excellence in Mental Health, University of Texas
- 12) Youth and Family Training Institute, University of Pittsburgh

# Georgia Center of Excellence for Children's Behavioral Health

- Behavioral health initiatives often involve **needs assessments, stakeholder convenings, data analysis, policy analysis and development, and evaluation**. COEs provide these functions and a level of consistency to achieve the desired (and sometimes required) outcomes.
- **Support for grant implementation**, evaluation of existing programs, streamlining and growth of **training**, and **workforce development**.
- COEs support states by providing data analysis and evaluations for multiple child-serving systems, which can lead to **synergy across systems and linkage between unique datasets** to look at outcomes and opportunities.
- Opportunities to leverage university system resources: ability to educate and train the current and future behavioral health workforce and other community members; and innovate through **research** and knowledge gathering, act as a conduit for evidence-based programming (training, evaluation, research).

# Suicide Prevention Activities

Training  
Initiatives

Needs  
Assessments

Leverage  
Shared  
Resources

Policy  
Guidance

Statewide  
Suicide  
Prevention  
Conference

2020-2025  
Georgia Suicide  
Prevention Plan

# Garrett Lee Smith Youth Suicide Prevention

SAMHSA funded five-year grants to support suicide prevention work in campus, state, and tribal communities for ages 10-24

- Advantage Behavioral Health
- Highland Rivers Health
- View Point Health

- Approximately 1,100 people received gatekeeper training
- Approximately 4,000 youth screened for suicide risk
- Approximately 87 referral processes established for suicide risk cases with agencies in 16 counties

- Trained UGA School of Social Work students
- Participate in statewide suicide prevention stakeholder group
- Collaborate with DBHDD suicide prevention activities
- Provide technical assistance to local suicide prevention coalitions
- Manage program data with GLS evaluator to document program impact

# Suicide Prevention Public Service Announcement



You can help someone picture a different outcome.

Back to the future. All individuals portrayed by actors.

# U.S. v. State of Georgia Americans with Disabilities Act Settlement Agreement

**Amy V. Howell, Esq.**

Assistant Commissioner and General Counsel



**D·B·H·D·D**

Georgia Department of Behavioral Health  
& Developmental Disabilities

# United States v. State of Georgia

Alleged violations of Title II of Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973

Georgia was alleged to have failed to administer services in the most integrated settings appropriate for the needs of qualified individuals with disabilities.

The U.S. Department of Justice and Georgia entered a settlement agreement in 2010

In 2016, Georgia achieved compliance with the majority of the provisions of the agreement

# U.S. v. Georgia Settlement Agreement Extension

DOJ alleged noncompliance with limited terms of the settlement agreement

Parties entered into settlement agreement extension in 2016

Written term of extension agreement concluded June 30, 2018

To date, oversight and monitoring under the extension agreement continues

# U.S. v. State of Georgia Settlement Agreement Terms

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## Developmental Disabilities

- Cease admissions to state hospitals for people for whom the reason for admission would be a primary diagnosis of a developmental disability
- Provide enhanced community services to people whose primary diagnosis is a developmental disability and who are either currently hospitalized in state hospitals or who are at risk of hospitalization in state hospitals

# U.S. v. State of Georgia Settlement Agreement Terms

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## Mental Health

- Target Population people with Severe and Persistent Mental Illness (SPMI) who are either currently being served in state hospitals, are frequently readmitted to state hospitals, are frequently seen in emergency rooms, are chronically homeless, and/or who are being released from jails or prisons
- State agreed to have the capacity to provide supported housing to any individuals in the target population who have an assessed need for supported housing

# ADA Settlement Agreement Requirements - Mental Illness

Assertive  
Community  
Treatment

Crisis Services  
and Supports

Discharge Planning  
and Community  
Linkage

Case Management

Supportive Housing

Peer Support and  
Supported  
Employment

# Settlement Agreement Extension Mental Illness and Other Terms

Supportive  
Housing

Housing  
Vouchers and  
Bridge Funding

Investigations  
and Quality  
Improvement

# U.S. v. Georgia Settlement Agreement Terms (continued)

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## General Provisions

- Implementation of a quality management system regarding community services for the populations targeted by the agreement.
- An Independent Reviewer jointly selected to monitor the state's compliance with the terms of the settlement agreement
  - Required to produce a semi-annual report to the Court

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, and the pen is positioned over the page. The background is a soft, out-of-focus brown surface.

**BE INFORMED**

Questions?



# **BE D·B·H·D·D**

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