

A Note from Commissioner Berry on the 2012 Independent Reviewer's Report

On July 1, Georgia completed its second year of a five-year plan to dramatically expand community services for people with mental illness and developmental disabilities. Those changes are set out in a settlement agreement between the State and the U.S. Department of Justice that was signed in October 2010. For the second year, an independent reviewer has evaluated the state's progress towards its goals and reported her findings to the court.

I'm pleased to tell you that the report is largely positive and that we're already working with our community providers to correct those instances where we didn't meet the goals set forth in the settlement. The findings of this report are of great importance to our Department and to the people we serve. People all around the country are watching Georgia's progress and we want to ensure that we're open with all of our stakeholders about our progress and areas of concern. You can read the entire report at <http://dbhdd.georgia.gov/settlement-agreement> , but I wanted to take this opportunity to highlight some of the most important findings.

We are meeting our commitment to serve people with developmental disabilities in the most integrated setting appropriate to their needs. In the last fiscal year, we helped 164 people with developmental disabilities move from hospitals to homes in the community and issued 117 waivers to keep people with developmental disabilities from needing to be institutionalized. Each of these transitions requires extensive individualized planning, coordination, and oversight. In addition, we provided a wide array of supports to the families of 2248 individuals with developmental disabilities.

Crisis response is a critical element in our continuum of care. We have established 12 mobile crisis teams for people with developmental disabilities – twice as many as we promised – that responded to over 800 calls across the state. We've also established 11 crisis respite homes to give those individuals support during a behavioral crisis.

For people with mental illness, housing and employment are essential to achieving and sustaining recovery, giving them the opportunity to live and work in their own communities. In the last fiscal year, we provided housing vouchers for 648 people with mental illness and bridge funding to 568 of those individuals to help them establish housing. We assisted 181 people with mental illness with supported employment services.

Georgia has been a national leader in peer support services and we continue to see the dramatic impact of peers helping peers experience recovery. Over 3000 people with mental illness are now enrolled in peer support services with 72 peer support sites across the state.

Coordination of care is a hallmark of the transition from an institutional model to a community-based system of care. We have improved case management with new intensive case management services and by better coordinating planning for hospital discharges and community services among hospital and regional office staff and community service boards and other community service providers.

While we are proud of this progress, we also know there are very important areas where we need to improve. We're most concerned that some individuals with developmental disabilities didn't receive adequate support from our contracted service providers. We've addressed those concerns at three levels. First, at the individual level, we required providers to develop and carry out corrective action plans. Our staff has been doing follow-up visits to ensure that supports and services are provided according each individual's service plan. Second, at the provider level, we're working with those that had deficiencies to develop plans to fix those problems. Third, at the system level, we are reviewing and improving provider monitoring, compliance, and quality management in conjunction with other state regulatory agencies.

A second area we're improving on is our Assertive Community Treatment (ACT) teams. These are community-based, intensive multi-disciplinary teams of professionals who serve people with mental illness wherever they happen to be. ACT is an important service to help sustain recovery among individuals who have experienced multiple instances of hospitalization, homelessness, or incarceration in the past. Our ACT teams are required to meet a national standard for such work, and several of the 20 ACT teams we've established are successfully helping this high risk population. In other cases, some of our contracted service providers didn't meet the required standards and we're in the process of transitioning those services to other providers. The court has agreed to give the State additional time to meet the standards we committed to in the settlement agreement. Ultimately we are accountable first to the people we serve.

Lastly, all of the parties involved in the settlement have agreed that we should take extra time to make sure the Quality Management report we'd planned to deliver in July is as thorough as the reports we've been providing for developmental disability services. With extra time, we'll be able to make the sections on mental health services more comprehensive.

The past two years of work have given us a good foundation. In some areas we have exceeded our own commitments and expectations; in others, we will improve. We cannot make progress without meaningful partnerships between the Department and our providers, advocates and the consumers and families we serve. I know we share the goal of improving our statewide System of Care.

I want to thank everyone at the Department of Behavioral Health and Developmental Disabilities for the extraordinary work that has made it possible for us to begin the transition from a reliance on institutional care to community-based services. I also want to thank the service providers who've helped us promote recovery and independence for the people we serve. And I want to thank our partners at the Department of Justice and Elizabeth Jones, the independent reviewer, for the collaboration and productive communication we've been able to achieve.

Most of all, I want to thank the people we serve and their families for both pushing us and inspiring us to be better.

Frank W. Berry, Commissioner

Department of Behavioral Health and Developmental Disabilities