REPORT OF THE INDEPENDENT REVIEWER

In The Matter Of

United States of America v. The State of Georgia

Civil Action No. 1:10-CV-249-CAP

Submitted By: Elizabeth Jones, Independent Reviewer

September 15, 2014

INTRODUCTORY COMMENTS

This is the fourth Report issued on the status of compliance with the provisions of the Settlement Agreement in United States v. Georgia. The Report documents and discusses the State's efforts to meet obligations to be completed by July 1, 2014.

The Independent Reviewer and her expert consultants in supported housing, supported employment, Assertive Community Treatment (ACT), behavioral interventions and health care drew from multiple sources of information to form their professional judgments regarding compliance with the Settlement Agreement obligations for Georgia's individuals with mental illness and/or an intellectual disability. These sources included observations from multiple site visits in every Region of the State. (The Independent Reviewer spent forty-four days on site in Georgia.) In addition, the information and data contained in numerous documents were reviewed. There were discussions with the leadership and staff of the Department of Behavioral Health and Developmental Disabilities (DBHDD), and conversations with key stakeholders, including members of the target population, their families and their advocates. Parties' meetings and meetings with the Amici were held throughout the fourth year in order to collaborate on issues of mutual concern.

While there continue to be critical systemic matters to be addressed and resolved, including the under-representation of individuals with forensic histories, the uneven demonstration of the recovery model, and the gaps in continuity of care, it is evident that the State of Georgia has worked diligently and effectively throughout the fourth year to strengthen and expand the supports required by adults with a serious and persistent mental illness.

Despite competing demands for limited resources, the Governor and the State Legislature have continued to approve the funding requested for the implementation of the Settlement Agreement in the fourth year. The State has demonstrated a good faith effort to ensure that the terms of the Settlement Agreement are met.

At this time, with very limited exceptions, the transition of individuals with an intellectual disability from State hospitals to community-based settings is still suspended. The State remains out of compliance with key provisions of the Settlement Agreement regarding community placements, the implementation of individualized support plans and support coordination. However, there are promising plans to reform the system of supports throughout the State and credible efforts are now beginning to be initiated. The State has retained highly qualified expert consultants to assist with its transformation actions; their experiences in other States will be invaluable assets in the introduction of the necessary reforms. Although the delays in the design and development of community placements are of significant concern, the Commissioner's decision to twice stop community placements until health, safety and

habilitation could be assured was a wise one. There has been considerable support for his decision throughout the stakeholder community and there is confidence and hope in his leadership and that of the Deputy Commissioner.

As noted in the attached expert consultant reports, the public statements by Commissioner Berry and his leadership team have strongly underscored the importance of the recovery model and the principles of the Olmstead decision. Their commitment and conscientious, seemingly tireless, efforts are extremely important to the reform of the State's system. In the coming year, the fifth year of the Settlement Agreement, it will be critical to ensure that their understanding of and advocacy for the recovery model and for the meaningful integration of Georgia's residents with a mental or developmental disability are reflected throughout the network of clinicians and professional/paraprofessional staff who provide services and supports. The attached reports describing supported housing, supported employment and Assertive Community Treatment (ACT) document that this is not presently the case. Additional emphasis on these expectations, as well as training and oversight, is required.

The work of the Independent Reviewer and her consultants has been greatly aided and encouraged by the generous assistance of and access to Commissioner Berry, Deputy Commissioner Judith Fitzgerald, Settlement Agreement Director Pamela Schuble, and many Department (DBHDD) staff and consultants. Commissioner Berry and Deputy Commissioner Fitzgerald have invited the Independent Reviewer's perspective, and those of her expert consultants, on individual, programmatic and systemic issues. Ms. Schuble has joined the Independent Reviewer on many site visits and has taken the responsibility to follow-up on issues of concern.

It has also been invaluable to work with the State's counsel and the attorneys from the Department of Justice. This past year has required a high degree of collaboration and commitment to problem resolution. The willingness to convene periodic Parties' meetings and hold frank discussions about the implementation of the Settlement Agreement provisions has resulted in the identification and implementation of productive approaches to fact-finding and remedial actions. The Court's instruction to periodically include representatives of the Amici in discussions about the implementation of the Settlement Agreement provisions has been respected by the Parties and the Independent Reviewer. The advice and observations of the Amici have received serious consideration.

Each year, the State of Georgia's articulate and engaged community of peers and advocates has been acknowledged and applauded in these Reports to the Court. This year, the Independent Reviewer and her consultants had the privilege of visiting three Peer Wellness Centers in order to meet directly with men and women who are receiving supports related to their mental illness. (Two additional Centers have now been funded.) Although the Settlement Agreement

does not require these Centers, they are funded by State dollars and provide exemplary opportunities for companionship, respite, skill acquisition and encouragement. They are an indication of the State's commitment to client-directed supports in typical community settings. These Centers stood in contrast to three other sites, for ACT clients, visited very recently by the Independent Reviewer and her consultants in preparation for this Report. The disparities between these settings point to three substantial challenges that the State must continue to address in its mental health system in the fifth year of the Settlement Agreement:

- Implementation of a recovery-based model must be present throughout the system. All agencies should demonstrate knowledge of and commitment to these principles in order to receive State funding;
- There must be evidence of continuity of care. The mental health system must work as a whole rather than as a series of parts;
- Access to recovery-based supports must be available for each member of the target population, including those with a forensic history.

These challenges exist in parallel with the outstanding concerns still evident in the State's system of supports for individuals with a developmental disability. These identified concerns are known to the Parties and are the subject of intensive remedial efforts by the Department of Behavioral Health and Developmental Disabilities. They are clearly outlined in the Priority Plan adopted by the Department (DBHDD) and published on its website.

In summary, therefore, the State has continued to demonstrate continuing progress in the expansion and strengthening of its mental health system. Attention must now be directed towards under-represented members of the target population; ensuring continuity of care across the discrete parts of the system; and uniform application of recovery-based principles and practices. The system of supports for individuals with an intellectual/developmental disability is still seriously compromised. Substantive changes must be implemented as described in the Priority Plan submitted by the State. Timelines must be met.

Given the leadership strengths within the Department (DBHDD) and the advocacy community, the resources appropriated by the Governor and the Legislature, and the contemporary knowledge in the field of evidence-based practices available to the State, it is the Independent Reviewer's opinion and hope that this forthcoming year of the Settlement Agreement will build on the accomplishments of Year Four, continue to resolve identified weaknesses and demonstrate increased growth in Georgia's systems of care for individuals with a mental disability.

CURRENT STATUS OF MODIFICATIONS TO THE SETTLEMENT AGREEMENT LANGUAGE

The Settlement Agreement permits the Parties to seek approval from the Court for mutually agreed upon modifications:

> Any modification of this Settlement Agreement shall be executed in writing by the Parties, shall be filed with the Court, and shall not be effective until the Court enters the modified agreement and retains jurisdiction to enforce it. (VII, E)

On two occasions, August 29, 2012 and July 26, 2013, upon receipt of joint motions by the Parties, the Court approved modifications to the language of the Settlement Agreement. The requirements linked to the first modification were met by the State and were discussed in last year's Report. They involved the development of the Quality Management system and the review of the Assertive Community Treatment teams implemented under the Settlement Agreement. The issues linked to the second modification focused on the transitions from State hospitals to community-based settings for individuals with an intellectual/developmental disability. These latter issues are not resolved and have received continuing attention from the Parties and the Independent Reviewer. A Supplemental Report by the Independent Reviewer was filed with the Court on March 24, 2014. Subsequently, on the same date, the Parties filed a joint response to the Independent Reviewer's report.

The Parties' response requires the State to respond to the recommendations made by the Independent Reviewer in her Supplemental Report. These recommendations are:

1. Realign the responsibilities and competencies of support coordinators to include developing and implementing an individualized plan of supports, revising the plan to address changing needs, and oversight to ensure needed services are delivered and outcomes are achieved.
2. Strengthen the transition process from the State hospitals to community-based settings, including providing individualized and relevant competency based training for community providers.
3. Ensure competent and sufficient health practitioner oversight of medically fragile individuals including providing competency-based training on writing and implementing nursing plans of care, proper positioning techniques, and proper monitoring of food and fluid intakes.
4. Design and implement Intensive Support Coordination for high-risk individuals, including pursuing an amendment to the Home and Community-Based Services Waiver.
5. Restructure the roles and responsibilities of regional offices, including examining how the regional offices inter-relate with the DD Division and with community providers, including Support Coordination agencies.

6. Develop and implement sustainable strategies for the ongoing monitoring and evaluation of community placements to remedy issues such as lack of communication, information sharing, and feedback.
7. Recruit and retain provider agencies with requisite experience with individuals with medical and behavioral complexities.
8. Conduct independent mortality reviews of all deaths of individuals receiving Home and Community Based Services Waivers who meet the criteria for the target population of individuals with intellectual disabilities in the Settlement Agreement, § III.A.2.a.
9. Create exit criteria to enable the State to reach identifiable goals necessary to achieve compliance with the Settlement Agreement.

The joint response also requires the Independent Reviewer to comment on the Plan developed by the Department of Behavioral Health and Developmental Disabilities as it works to address acknowledged deficiencies in its system of supports for individuals with a developmental/intellectual disability.

On June 30, 2014, as agreed, the Department (DBHDD) submitted a draft Priority Plan to the Department of Justice and to the Independent Reviewer. This document was shared with the Amici on July 7, 2014. The Independent Reviewer, the Department of Justice and the Amici provided their comments to the Department (DBHDD) in a timely manner. On July 21, 2014, the Department (DBHDD) published its Plan on its website.

The Plan submitted by the Department (DBHDD) is comprehensive. It provides detailed attention to the essential ingredients of a well-functioning system of community-based supports, including the implementation of support coordination; the transition process from institutions; the development of residential and clinical resources as determined by Individual Support Plans; and the creation of oversight and Quality Management mechanisms.

The Plan is responsive to all but one of the Independent Reviewer's recommendations referenced above (9). As of this date, the exit criteria for the Plan have not been finalized, although they are reportedly in the process of being developed.

As noted by the Department of Justice and the Amici, the Plan will require additional resources and staffing in order to be implemented as written. The implementation timelines referenced in the Plan were of concern to the Department of Justice, the Amici and the Independent Reviewer; they appeared to be too concise to achieve the stated expectations for the requisite and wide-ranging programmatic and systemic reforms.

Since the issuance of the planning documents, the Department (DBHDD) and its expert consultants have continued to work with great seriousness to implement the initial stages of the Plan. On July 14, 2014, the Independent Reviewer met with the Department's (DBHDD)

leadership team, including its clinical consultants, to review its initiatives for transition planning and program development in Region 2. These initiatives have merit and will provide a template for similar initiatives in other Regions. Region 2 was an ideal choice to begin the new design of program supports since it is also the location of the Craig Center and Gracewood, two institutions that are the sites for future transitions.

The transitions from Craig Center are of immediate concern. The individuals who live here now are medically or psychiatrically compromised and will require residential settings with adequately trained staff and clinical supports. Unless there is Guardian opposition, the Department (DBHDD) has determined that individuals with an intellectual/developmental disability will be placed in appropriate community settings funded under the Home and Community-Based Services Waiver. However, there has not been sufficient planning to ensure appropriate community options for those individuals with both psychiatric and medical needs for support. The discussions with the Department of Community Health, a signatory to the Settlement Agreement, have not been fruitful regarding this important matter, despite assurances to the Independent Reviewer that were documented in last year's Report. It is the Independent Reviewer's opinion that the future placements for individuals who reside at the Craig Center must be addressed as part of the new Region 2 initiative. At the present time, individuals have been or are projected to be transferred to Georgia Regional Hospital in Atlanta and to Gracewood. Visits to both institutions by the Independent Reviewer, in July 2014, surfaced concerns about the lack of active treatment. In addition, there is virtually no privacy or individualization in either setting. During the site visits, nursing care at the Atlanta facility was noted to be caring and competent. (This State hospital is also the current placement for individuals transferred from Southwestern State hospital prior to its closure in December 2013. Two individuals were transferred to Gracewood. All of these men and women remain hospitalized although one is scheduled to move to a community placement.)

It is clear that the Department's (DBHDD) leadership and its expert consultants are very mindful of the responsibilities that must be implemented successfully in order to permit the transitions from State hospitals required under the provisions of the Settlement Agreement.

It is the Independent Reviewer's strong recommendation that another Supplemental Report on the status of the provisions related to transitions, support coordination and the implementation of Individual Support Plans be prepared and submitted to the Parties and then filed with the Court under the same timeframes and expectations as the first Supplemental Report filed in March 2014.

Summary of Compliance: Year Four

Settlement Agreement Reference	Provision	Rating	Comments
III	**Substantive Provisions**		
III.A.1.a	By July 1, 2011, the State shall cease all admissions to the State Hospitals of all individuals for whom the reason for admission is due to a primary diagnosis of a developmental disability.	**Compliance**	The State has complied with this provision. There is no evidence to indicate that individuals with a developmental disability have been transferred between State Hospitals in contradiction of the commitment to cease admissions. It is recommended that the Department's Quality Management system restructure its reporting of performance indicators related to the cessation of admissions.
III.A.1.b	The State will make any necessary changes to administrative regulations and take best efforts to amend any statutes that may require such admissions.	**Compliance**	In House Bill 324, the State Legislature amended Chapter 4 of Title 37 of the Official Code of Georgia Annotated.
III.A.2.b.i(A)	By July 1, 2011, the State shall move 150 individuals with developmental disabilities from the State Hospitals to the community and the State shall create 150 waivers to accomplish this transition. In addition, the State shall move from the State Hospitals to the community all individuals with an existing and active waiver as of the Effective Date of this Agreement, provided such placement is consistent with the individual's informed choice. The State shall provide family supports to a minimum of 400 families of people with developmental disabilities.	**Compliance**	By July 1, 2011, the Department placed more than 150 individuals with a developmental disability into community residential settings supported by the Home and Community-Based Waiver. A sample of 48 individuals was reviewed. Identified concerns were referred to the Department and corrective actions were initiated. Nine of the 11 individuals hospitalized with an existing Waiver were discharged to community settings. Two individuals remained hospitalized. Delays in placement were attributed to family objections or to provider-related issues. The Department continued to pursue appropriate community placements for these two individuals. More than 400 individuals were provided with family supports. Because there was substantial compliance with this provision, a positive rating was given.
III.A.2.b.i(B)	Between July 1, 2011, and July 1, 2012, the State shall move 150 individuals with developmental disabilities from the State Hospitals to the community. The State shall create 150 waivers to accomplish this transition. The State shall also create 100 additional waivers to prevent the institutionalization of individuals with developmental disabilities who are currently in the community. The State shall provide family supports to an additional 450 families of people with developmental disabilities.	**Compliance**	The Department placed 164 individuals with a developmental disability into community residential settings supported by the Home and Community-Based Waiver. A statistically relevant sample of 48 individuals was reviewed. Identified concerns have been referred to the Department and corrective actions are being initiated. Although in compliance, it is recommended that the Department review its policies and guidance regarding expectations for community placement and to provide greater oversight of service coordination at the Regional level. The two hospitalized individuals referenced in the provision above have either been placed or have a placement in process. Two other individuals with existing and active Waivers at the time of the Settlement Agreement were rehospitalized. Those individuals were reviewed by a psychologist consulting with the Independent Reviewer. Community placements are being actively pursued; an experienced provider has been recruited. The Department issued 117 Waivers to avoid institutionalization of individuals with a developmental disability residing in the community. Family supports were provided for 2248 individuals through 38 provider agencies.

Settlement Agreement Reference	Provision	Rating	Comments
III.A.2.b.i(C)	Between July 1, 2012, and July 1, 2013, the State shall create at least 250 waivers to serve individuals with developmental disabilities in community settings. The State shall move up to 150 individuals with developmental disabilities from the State Hospitals to the community using those waivers. The remaining waivers shall be used to prevent the institutionalization of individuals with developmental disabilities who are currently in the community. The State shall provide family supports to an additional 500 families of people with developmental disabilities.	**Compliance**	The Court's Order, dated July 26, 2013, modified the language of this provision. The Department has issued 597 waivers to serve individuals with developmental disabilities in community settings. These waivers have been used to prevent institutionalization and to sustain individuals with a developmental disability with their families. The number of individuals with a disability who have moved from state hospitals using these waivers will be reviewed in the Independent Reviewer's report to be issued in late Winter 2014. As of this date, seventy-nine individuals with a developmental disability have been transitioned from state hospitals to community residential settings.
III.A.2.b.i(D)	**Between July 1, 2013, and July 1, 2014, the State shall move 150 individuals with developmental disabilities from the State Hospitals to the community. The State shall create 150 waivers to accomplish this transition. The State shall also create 100 additional waivers to prevent the institutionalization of individuals with developmental disabilities who are currently in the community. The State shall provide family supports to an additional 500 families of people with developmental disabilities.**	**Non-compliance**	**With few exceptions (three), placements from State Hospitals have been suspended. The Department is planning and developing remedial actions to permit the resumption of individualized community placements. A "pioneer" project is being initiated in Region 2 to demonstrate improved transition, support coordination and habilitation practices. In total, 46 individuals were transitioned from State Hospitals during this Fiscal Year. The State issued 100 additional waivers to prevent the institutionalization of individuals with developmental disabilities who are currently in the community. In FY14, the State provided family supports to a total of 1155 families of people with developmental disabilities.**
III.A.2.b.ii(B)	Individuals in the target population shall not be served in a host home or a congregate community living setting unless such placement is consistent with the individual's informed choice. For individuals in the target population not served in their own home or their family's home, the number of individuals served in a host home as defined by Georgia law shall not exceed two, and the number of individuals served in any congregate community living setting shall not exceed four.	**Compliance**	**The Department remains in substantial compliance with this provision. All host homes reviewed to date have no more than two individuals. With one recently identified exception, the number of individuals served in any congregate community living setting has not exceeded four.**
III.A.2.b.iii(A)	Assembling professionals and non-professionals who provide individualized supports, as well as the individual being served and other persons important to the individual being served, who, through their combined expertise and involvement, develop Individual Service Plans, as required by the State's HCBS Waiver Program, that are individualized and person centered.	**Non-compliance**	**The rating of this provision was deferred initially by Court Order until January 2014. As of June 30, 2014, the Department has not achieved compliance with this provision.**

Settlement Agreement Reference	Provision	Rating	Comments
III.A.2.b.iii(B)	Assisting the individual to gain access to needed medical, social, education, transportation, housing, nutritional, and other services identified in the Individual Service Plan.	**Non-compliance**	**The rating of this provision was deferred initially by Court Order until January 2014. As of June 30, 2014, the Department has not achieved compliance with this provision.**
III.A.2.b.iii(C)	Monitoring the Individual Service Plan to make additional referrals, service changes, and amendments to the plans as identified as needed.	**Non-compliance**	**The rating of this provision was deferred initially by Court Order until January 2014. As of June 30, 2014, the Department has not achieved compliance with this provision.**
III.A.2.b.iii(D)	The Independent Reviewer will not assess the provisions of this section, III.A.2.b.iii.(A)-(C), in her report for the period ending July 1, 2013. Instead, the review period for this section will be extended six months until January 1, 2014, after which the Independent Reviewer will report on this section pursuant to the draft, review, and comment deadlines enumerated in VI.A.	**Completed**	**The Independent Reviewer has complied with this requirement. Her supplemental report was filed with the Court on March 24, 2014.**
III.A.2.c.i(A)	By July 1, 2012, the State will have six mobile crisis teams for persons with developmental disabilities.	**Compliance**	**There are 12 mobile crisis teams for individuals with developmental disabilities.**
III.A.2.c.ii(B)(1)	By July 1, 2012, the State will have five Crisis Respite Homes for individuals with developmental disabilities.	**Compliance**	There are 11 Crisis Respite Homes, including one for children. One individual in the sample of 48 was reviewed in his crisis home; supports were adequate and individualized.
III.A.2.c.ii(B)(2)	By July 1, 2013, the State will establish an additional four Crisis Respite Homes for individuals with developmental disabilities.	**Compliance**	There are 11 Crisis Respite Homes across the State. There are 2 homes in each Region, except for Region 3 which has one Home. There were 270 individuals served in FY13.
III.A.2.c.ii(B)(3)	**By July 1, 2014, the State will establish an additional three Crisis Respite Homes for individuals with developmental disabilities.**	**Non-compliance**	**There are 11 Crisis Respite Homes. The contract for the twelfth home was cancelled and has not yet been re-issued.**
III.A.3.a	By July 1, 2013, the State shall create a program to educate judges and law enforcement officials about community supports and services for individuals with developmental disabilities and forensic status.	**Compliance**	**The Department has initiated a program to provide education to judges and law enforcement individuals. In FY14, training was provided to 1433 individuals, including 130 Judges, 1279 law enforcement officials and 24 attorneys.**
III.A.3.b	Individuals with developmental disabilities and forensic status shall be included in the target population and the waivers described in this Section, if the relevant court finds that community placement is appropriate. This paragraph shall not be interpreted as expanding the State's obligations under paragraph III.A.2.b.	**Compliance**	**There is evidence that individuals with a developmental disability and forensic status are included in the target population. However, with few exceptions, community placements are currently suspended.**

Settlement Agreement Reference	Provision	Rating	Comments
III.A.4.a	By July 1, 2013, the State will conduct an audit of community providers of waiver services.	**Compliance**	The Georgia Quality Management System (GQMS) contract with the Delmarva Foundation mandates that each provider rendering services through the Medicaid waivers to individuals with developmental disabilities has one annual review over the course of five years. Therefore, 40 providers are reviewed each year (39 service providers and one support coordinator agency). The providers are selected randomly. Findings from these reviews are summarized in the Quality Management reports issued by the Department.
III.A.4.b	By the Effective Date of this Agreement, the State shall use a CMS approved Quality Improvement Organization ("QIO") or QIO-like organization to assess the quality of services by community providers.	**Compliance**	**In FY14, the Department again utilized the services of the Delmarva Foundation to design and implement a quality assurance review process. Delmarva also assessed the quality of services by community providers. The Department participated in the National Core Indicator surveys.**
III.A.4.d	The State shall assess compliance on an annual basis and shall take appropriate action based on each assessment.	**Compliance**	**The Delmarva Foundation issues annual reports assessing the quality of services by community providers for individuals with a developmental disability. The most recent report was issued to the Independent Reviewer and the Department of Justice on August 1, 2014. Annual reports are posted on the Delmarva website. The State will need to continue its review of the quality of services to ensure that any remedial actions have occured in a timely manner. The Regions receive the information from Delmarva and are expected to take timely remedial action.**
III.B.1.c	Pursuant to the Voluntary Compliance Agreement with Health and Human Services, the State established a Mental Health Olmstead List. The State shall ensure that all individuals on the Mental Health Olmstead List as of the Effective Date of this Agreement will, if eligible for services, receive services in the community in accordance with this Settlement Agreement by July 1, 2011. The Parties acknowledge that some individuals on the Mental Health Olmstead List are required to register as sex offenders pursuant to O.C.G.A. § 42-1-12 et seq. The Parties further acknowledge that such registration makes placement in the community more difficult. The Parties may by written consent extend the application of the date set forth in this paragraph as it applies to such individuals. The written consent described in this paragraph will not require Court approval.	**Compliance**	At the time the Settlement Agreement was signed, there were 27 individuals on the Olmstead List. All of these individuals were discharged from the State Hospitals and were provided community services.

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.a.i(G)	All ACT teams will operate with fidelity to the Dartmouth Assertive Community Treatment model.	**Compliance**	**In FY12, The Parties, with concurrence by the Independent Reviewer, requested that the Court defer evaluation of this provision. The Court approved this request on August 29, 2012 with explicit instructions regarding reporting, root cause analysis and corrective action plans. These instructions were complied with by the Department with close involvement of the Independent Reviewer and her expert consultants. In FY14, this provision continues to be in compliance. All teams funded under this Agreement are expected to operate with fidelity to the Dartmouth model. Certain lower performing teams have been identified for additional oversight and review. The Department (DBHDD) has been asked to report progress to the Independent Reviewer for inclusion in her second Supplemental Report.**
III.B.2.a.i(H)(1)	By July 1, 2011, the State shall have 18 Assertive Community Treatment teams.	**Compliance**	The Department has funded 18 Assertive Community Treatment teams.
III.B.2.a.i(H)(2)	By July 1, 2012, the State shall have 20 Assertive Community Treatment teams.	**Compliance**	The State has funded 20 Assertive Community Treatment teams. However, change in the composition of the teams is underway. The Department is proceeding with remedial action as required by the Court's Order and with consultation by the Independent Reviewer, the Department of Justice and other interested stakeholders**.**
III.B.2.a.i(H)(3)	By July 1, 2013, the State shall have 22 Assertive Community Treatment teams.	**Compliance**	**The Department has funded 22 Assertive Community Treatment teams. They are distributed through all six Regions of the state. As of June 30, 2014, there were 1,409 individuals participating in services with the ACT teams. For a discussion of the ACT teams, see attached report by Angela Rollins.**
III.B.2.a.ii(C)(1)	By July 1, 2012, the State will have two Community Support Teams.	**Compliance**	The State has established two Community Support Teams. Although one team was transferred to another provider beginning in FY13, both teams functioned and provided services from the time of their contract. The two teams supported a total of 71 individuals in FY12.
III.B.2.a.ii(C)(2)	By July 1, 2013, the State will have four Community Support Teams.	**Compliance**	The Department has established four Community Support Teams (CSTs). They are located in four rural areas of the State. A total of 145 individuals received services from the CSTs in FY13. Under the terms of the Agreement, the Independent Reviewer must assess whether the Community Support Team model provides services that are sufficient to meet the needs of the members of the target population who receive these services. The Independent Reviewer's assessment and recommendations are due by October 30, 2013.

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.a.ii(C)(3)	**By July 1, 2014, the State will have eight Community Support Teams.**	**Compliance**	**There are 8 Community Support Teams operating within 5 of the 6 Regions. On June 30, 2014, the number of people participating in CST services was 265.**
III.B.2.a.iii(D)(1)	By July 1, 2011, the State will have one Intensive Case Management team.	**Compliance**	The Department has established two Intensive Case Management teams.
III.B.2.a.iii(D)(2)	By July 1, 2012, the State will have two Intensive Case Management teams.	**Compliance**	The Department has established two Intensive Case Management teams. The two teams supported a total of 387 individuals in FY12.
III.B.2.a.iii(D)(3)	By July 1, 2013, the State will have three Intensive Case Management teams.	**Compliance**	The Department has established three Intensive Case Management teams in Regions 1, 3 and 5. These three teams served a total of 235 individuals in FY13. The Independent Reviewer has requested additional information about the caseload in Region 3.
III.B.2.a.iii(D)(4)	**By July 1, 2014, the State will have eight Intensive Case Management teams.**	**Compliance**	**There are 8 Intensive Case Management teams throughout the 6 Regions. On June 30, 2014, the number of people participating in ICM services was 885.**
III.B.2.a.iv(C)(1)	By July 1, 2012, the State will have five Case Management service providers.	**Compliance**	The Department has established five Case Management service providers. Case Management services were provided to 257 individuals in FY12.
III.B.2.a.iv(C)(2)	By July 1, 2013, the State will have 15 Case Management service providers.	**Compliance**	The 15 case management positions funded by the Department supported 1,893 individuals throughout the six Regions. The Independent Reviewer has requested additional information regarding caseload expectations.
III.B.2.a.iv(C)(3)	**By July 1, 2014, the State will have 25 Case Management service providers.**	**Compliance**	**There are 25 Case Management service providers through the six Regions. On June 30, 2014, the number of people partipating in CM services was 761.**
III.B.2.b.i(B)(1)	By July 1, 2013, the State will establish one Crisis Service Center.	**Compliance**	The Department opened a 24-hour, walk-in Crisis Service Center on March 1, 2013. From March 1, 2013 through June 30, 2013, 177 individuals received services in this Center. This is not an unduplicated count and some individuals may have received more than one episode of care during this time period.
III.B.2.b.i(B)(2)	**By July 1, 2014, the State will establish an additional two Crisis Service Centers.**	**Compliance**	**There are four 24-hour Crisis Service Centers. Three are in Region 4; and one is in Region 6. During FY14, 3,309 people received CSC services.**
III.B.2.b.ii(B)(1)	The State will establish one Crisis Stabilization Program by July 1, 2012.	**Compliance**	The Department has established two Crisis Stabilization Programs.
III.B.2.b.ii(B)(2)	The State will establish an additional Crisis Stabilization Program by July 1, 2013.	**Compliance**	The Department's two Crisis Stabilization Programs have remained operational. They each have 16 beds.
III.B.2.b.ii(B)(3)	**The State will establish an additional Crisis Stabilization Program by July 1, 2014.**	**Compliance**	**A third 16-bed Crisis Stabilization Program was opened in Savannah on June 30, 2014.**
III.B.2.b.iii(A)	Beginning on July 1, 2011, the State shall retain funding for 35 beds in non-State community hospitals without regard as to whether such hospitals are freestanding psychiatric hospitals or general, acute care hospitals.	**Compliance**	**The Department has funded hospital bed days in five community hospitals. These beds remained available in FY14.**

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.b.iv(A)	The State shall operate a toll-free statewide telephone system for persons to access information about resources in the community to assist with a crisis ("Crisis Call Center"). Such assistance includes providing advice and facilitating the delivery of mental health services.	**Compliance**	**The Georgia Crisis and Access Line operated by Behavioral Health Link continued to provide these services in FY14.**
III.B.2.b.iv(B)	The Crisis Call Center shall be staffed by skilled professionals 24 hours per day, 7 days per week, to assess, make referrals, and dispatch available mobile services. The Crisis Call Center shall promptly answer and respond to all crisis calls.	**Compliance**	The Georgia Crisis and Access Line complied with these requirements.
III.B.2.b.v(A)	Mobile crisis services shall respond to crises anywhere in the community (e.g., homes or hospital emergency rooms) 24 hours per day, 7 days per week. The services shall be provided by clinical staff members trained to provide emergency services and shall include clinical staff members with substance abuse expertise and, when available, a peer specialist.	**Compliance**	**The mobile crisis services provided by the Department comply with these requirements. The Department continued to respond to requests that training for certified peer specialists be held outside of Atlanta in order to benefit more rural areas of the state.**
III.B.2.b.v(B)(1)	By July 1, 2013, the State shall have mobile crisis services within 91 of 159 counties, with an average annual response time of 1 hour and 10 minutes or less.	**Compliance**	Mobile crisis services have been established in 100 counties, exceeding the requirements of this provision. Statewide, there were 840 individuals served by these teams. The average response time ranged from 49 to 56 minutes, again exceeding the requirements of this provision. The disposition for the majority of individuals (230) served was involuntary inpatient hospitalization. The Independent Reviewer will work with the Department's staff to better understand the range of options investigated by the teams and whether the least restrictive measure was consistently employed by the teams.
III.B.2.b.v(B)(2)	**By July 1, 2014, the State shall have mobile crisis services within 126 of 159 counties, with an average annual response time of 1 hour and 5 minutes or less.**	**Compliance**	**There are two mobile crisis providers covering all 159 counties in the State. The average response time was 49 minutes in FY14. As of June 30, 2014, 14,981 people had received mobile crisis services.**
III.B.2.b.vi(A)	Crisis apartments, located in community settings off the grounds of the State Hospitals and staffed by paraprofessionals and, when available, peer specialists, shall serve as an alternative to crisis stabilization programs and to psychiatric hospitalization.	**Compliance**	The Department has complied with the staffing and location requirements of this provision.
III.B.2.b.vi(B)	Each crisis apartment will have capacity to serve two individuals with SPMI.	**Compliance**	**The Department has now complied with this provision. Crisis apartments have the capacity to serve two individuals with SPMI.**

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.b.vi(C)(1)	By July 1, 2013, the State will provide six crisis apartments.	**Non-compliance**	The Department has not complied with this provision. There were three apartments operational, for a total of six beds, at the end of FY13. A contract was executed on June 27, 2013 for an additional 4 apartments but they were not yet operational.
III.B.2.b.vi(C)(2)	**By July 1, 2014, the State will provide 12 crisis apartments.**	**Compliance**	**There are 13 crisis apartments with a total of 25 beds throughout four Regions. 159 individuals were served in FY14.**
III.B.2.c.ii(B)(1)	By July 1, 2011, the State will provide a total of 100 supported housing beds.	**Compliance**	Although the Department provided the requisite housing vouchers, concern was noted about the review of eligibility and access for hospitalized individuals.
III.B.2.c.ii(B)(2)	By July 1, 2012, the State will provide a total of 500 supported housing beds.	**Compliance**	The State has exceeded this obligation. (See Consultant's report.) The Department awarded 648 housing vouchers and reassessed its prioritization for these awards. Further collaboration is planned between the Independent Reviewer and the Department to further analyze referrals for the housing vouchers.
III.B.2.c.ii(B)(3)	By July 1, 2013, the State will provide a total of 800 supported housing beds.	**Compliance**	The State has exceeded this obligation. In FY13, it awarded a total of 1,002 housing vouchers. The Department made adjustments to its review policies and worked closely with its regional offices, service providers, DCA and other organizations to increase program effectiveness and expand housing resources. (See attached report of Martha Knisley.)
III.B.2.c.ii(B)(4)	**By July 1, 2014, the State will provide a total of 1,400 supported housing beds.**	**Compliance**	**By July 1, 2014, there were 1,649 individuals served in supported housing beds. (See attached report of Martha Knisley.)**
III.B.2.c.ii(C)(1)	By July 1, 2011, the State will provide Bridge Funding for 90 individuals with SPMI. The State will also commence taking reasonable efforts to assist persons with SPMI to qualify in a timely manner for eligible supplemental income.	**Compliance**	The Department provided Bridge Funding as required.
III.B.2.c.ii(C)(2)	By July 1, 2012, the State will provide Bridge Funding for 360 individuals with SPMI.	**Compliance**	The State has exceeded this obligation. (See Consultant's report.) The Department provided Bridge Funding for 568 individuals.
III.B.2.c.ii(C)(3)	By July 1, 2013, the State will provide Bridge Funding for 270 individuals with SPMI.	**Compliance**	The State has exceeded this obligation. In FY13, the Department provided Bridge Funding for 383 individuals with SPMI. (See attached report of Martha Knisley.)
III.B.2.c.ii(C)(4)	**By July 1, 2014, the State will provide Bridge Funding for 540 individuals with SPMI.**	**Compliance**	**Bridge Funding was provided for 709 participants in FY14. (See attached report of Martha Knisley.)**
III.B.2.d.iii(A)	By July 1, 2011, the State shall provide Supported Employment services to 70 individuals with SPMI.	**Compliance**	The Department provided Supported Employment services to more than 70 individuals with SPMI. Since individuals were assigned to the Supported Employment providers in May, only eight were employed by July, 2011. A higher rate of employment will be expected next year.

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.d.iii(B)	By July 1, 2012, the State shall provide Supported Employment services to 170 individuals with SPMI.	**Compliance**	The Department has met this obligation. Supported Employment services were provided to 181 individuals as of June 30, 2012. (See Consultant's report.) A Memorandum of Understanding has been signed between DBHDD and the Department of Vocational Services. The Department is in the process of preparing a written plan, with stakeholder involvement, regarding the provision of Supported Employment. In FY12, 51 individuals gained competitive employment.
III.B.2.d.iii(C)	By July 1, 2013, the State shall provide Supported Employment services to 440 individuals with SPMI.	**Compliance**	The State has exceeded this obligation. According to a report issued by the Department and reviewed by the Independent Reviewer's expert consultant, Supported Employment services, with strong adherence to the Dartmouth fidelity scale, were provided to 682 individuals during FY13. The monthly rate of employment was 42.1%. (See attached report of David Lynde.)
III.B.2.d.iii(D)	**By July 1, 2014, the State shall provide Supported Employment services to 500 individuals with SPMI.**	**Compliance**	**The State has exceeded this obligation. Supported Employment services were provided to 988 individuals during FY14. The monthly rate of employment was 47.3%. (See attached report of David Lynde.)**
III.B.2.e.ii(A)	By July 1, 2012, the State shall provide Peer Support services to up to 235 individuals with SPMI.	**Compliance**	There are 3000 consumers enrolled; there are 72 Peer Support sites in Georgia.
III.B.2.e.ii(B)	By July 1, 2013, the State shall provide Peer Support services to up to 535 individuals with SPMI.	**Compliance**	The Department has made a substantial commitment to the meaningful involvement of peer support services. The Department's commitment was confirmed by the leadership of the Georgia Mental Health Consumer Network during a July 2013 site visit by the Independent Reviewer. Reportedly, and verified by the submission of names, 571 individuals received peer support services provided by the Georgia Mental Health Consumer Network's three Peer Wellness and Respite Centers and through its Peer Mentoring program.
III.B.2.e.ii(C)	**By July 1, 2014, the State shall provide Peer Support services to up to 835 individuals with SPMI.**	**Compliance**	**Since January 1, 2011, a total of 1,583 individuals have received Peer Support services provided by Georgia Mental Health Consumer Network's three Peer Wellness and Respite Centers and through its Peer Mentoring program. In FY14, there was documentation of 767 discrete units of support.**
III.C.1	Individuals under the age of 18 shall not be admitted to, or otherwise served, in the State Hospitals or on State Hospital grounds, unless the individual meets the criteria for emancipated minor, as set forth in Article 6 of Title 15, Chapter 11 of the Georgia Code, O.C.G.A. §§ 15-11-200 et seq.	**Compliance**	**The Department has complied with this obligation.**

Settlement Agreement Reference	Provision	Rating	Comments
III.C.2	Individuals in the target population with developmental disabilities and/or serious and persistent mental illness shall not be transferred from one institutional setting to another or from a State Hospital to a skilled nursing facility, intermediate care facility, or assisted living facility unless consistent with the individual's informed choice or is warranted by the individual's medical condition. Provided, however, if the State is in the process of closing all units of a certain clinical service category at a State Hospital, the State may transfer an individual from one institutional setting to another if appropriate to that individual's needs. Further provided that the State may transfer individuals in State Hospitals with developmental disabilities who are on forensic status to another State Hospital if appropriate to that individual's needs. The State may not transfer an individual from one institutional setting to another more than once.	**Compliance**	**In FY14, the primary focus of institutional closures has been at Southwestern State Hospital and the Craig Center at Central State Hospital. Southwestern State Hospital closed on December 30, 2013. Currently, placements from the Craig Center are pending further review and approval. Individuals have been transferred to Gracewood and Georgia Regional Hospital in Atlanta. The Independent Reviewer has been closely tracking these transfers and has been conducting site visits to both of these institutions.**
III.C.3.a.i	By January 1, 2012, the State shall establish the responsibilities of community service boards and/or community providers through contract, letter of agreement, or other agreement, including but not limited to the community service boards' and/or community providers' responsibilities in developing and implementing transition plans.	**Compliance**	Contract language delineates responsibility for developing and implementing transition planning.
III.C.3.a.ii	By January 1, 2012, the State shall identify qualified providers through a certified vendor or request for proposal process or other manner consistent with DBHDD policy or State law, including providers in geographically diverse areas of the State consistent with the needs of the individuals covered by this Agreement.	**Compliance**	This provision has been implemented.
III.C.3.a.iii	By January 1, 2012, the State shall perform a cost rate study of provider reimbursement rates.	**Compliance**	**The cost rate study has been completed and is still under advisement by the Commissioner.**

Settlement Agreement Reference	Provision	Rating	Comments
III.C.3.a.iv	By January 1, 2012, the State shall require community service boards and/or community providers to develop written descriptions of services it can provide, in consultation with community stakeholders. The community stakeholders will be selected by the community services boards and/or community providers.	**Compliance**	Two websites have been developed to provide comprehensive information and description of statewide services. Individual community service boards have information on their websites regarding services. Stakeholders are included on the community services boards.
III.C.3.a.v	By January 1, 2012, the State shall require and/or provide training to community service boards and/or community providers so that services can be maintained in a manner consistent with this Agreement.	**Compliance**	There are bi-monthly provider meetings for each region. Additionally, the Department hosts two meetings per year; the Regional Offices provide technical assistance; Delmarva meets with providers and provides technical assistance.
III.C.3.a.vi	By January 1, 2012, the State shall utilize contract management and corrective action plans to achieve the goals of this Agreement and of State agencies.	**Compliance**	**The Independent Reviewer has been informed of actions taken to achieve the goals of this Agreement and of State agencies. Such actions include the termination of provider contracts. In FY14, nine provider contracts were terminated. Seven were providers of developmental disabilities services and two were providers for behavioral health services.**
III.C.3.b	Beginning on January 1, 2012 and on at least an annual basis, the State shall perform a network analysis to assess the availability of supports and services in the community.	**Compliance**	**This obligation continues to be met. The Independent Reviewer was provided a copy of the Regional Network Analysis completed this year.**
III.D.1	By July 1, 2011, the State shall have at least one case manager and by July 1, 2012, at least one transition specialist per State Hospital to review transition planning for individuals who have challenging behaviors or medical conditions that impede their transition to the community, including individuals whose transition planning team cannot agree on a transition plan or does not recommend that the individual be discharged. The transition specialists will also review all transition plans for individuals who have been in a State Hospital for more than 45 days.	**Non-compliance**	**Case Managers and Transition Specialists were assigned at each State Hospital. However, at this time, with limited exceptions, community placements have been suspended. The three most recent placements were for individuals with challenging behaviors. Transition planning remains under review at this time.**
III.D.3.a	For persons identified in the developmental disability and mental illness target populations of this Settlement Agreement, planning for transition to the community shall be the responsibility of the appropriate regional office and shall be carried out through collaborative engagement with the discharge planning process of the State Hospitals and provider(s) chosen by the individual or the individual's guardian where required.	**Non-compliance**	**At this time, the entire transition process is suspended pending careful review by the leadership of the Department.**

Settlement Agreement Reference	Provision	Rating	Comments
III.D.3.b	The regional office shall maintain and provide to the State Hospital a detailed list of all community providers, including all services offered by each provider, to be utilized to identify providers capable of meeting the needs of the individual in the community, and to provide each individual with a choice of providers when possible.	**Compliance**	The Regional Offices provided a list to the State Hospitals of all community providers. The Independent Reviewer has copies of this information.
III.D.3.c	The regional office shall assure that, once identified and selected by the individual, community service boards and/other community providers shall actively participate in the transition plan (to include the implementation of the plan for transition to the community).	**Compliance**	In the sample reviewed in FY12, there was evidence of participation by community providers. Although it is evident that community providers continue to participate actively in the transition process, this matter continues to be under review by the Department and the Independent Reviewer.
III.D.3.d	The community service boards and/or community providers shall be held accountable for the implementation of that portion of the transition plan for which they are responsible to support transition of the individual to the community.	**Compliance**	**Once problems were identified, community service boards and/or community providers were held accountable. There is continuing evidence of this accountability measure in FY14.**
IV	**Quality Management**		
IV.A	By January 1, 2012, the State shall institute a quality management system regarding community services for the target populations specified in this Agreement. The quality management system shall perform annual quality service reviews of samples of community providers, including face-to-face meetings with individuals, residents, and staff and reviews of treatment records, incident/injury data, and key-indicator performance data.	**Compliance**	**The Quality Management system plan and the report issued most recently on August 1, 2014 document the focus on the community services implemented for the target population specified in this Agreement. The reports substantiate that annual quality service reviews are conducted by the Delmarva Foundation and APS, the External Review Organizations. In addition, the Georgia Mental Health Consumer Network interviewed recipients of mental health services. Incident/injury data was maintained and reviewed for the community system and key-indicator performance data was referenced in the Quality Management system reports.**
IV.A.1	The system's review shall include the implementation of the plan regarding cessation of admissions for persons with developmental disabilities to the State Hospitals.	**Compliance**	**The Department tracks data related to the provision of alternatives to state hospital admissions for individuals with a developmental disability. These data focus on various forms of crisis services, including mobile crisis teams and crisis respite care. Since the Department routinely tracks these sets of information and reviews them on a regular basis in preparation of the Quality Management reports, this provision is rated in substantial compliance.**

Settlement Agreement Reference	Provision	Rating	Comments
IV.A.2	The system's review shall include the service requirements of this Agreement.	**Compliance**	The Quality Management reports issued by the Department document the review of the services provided under the terms of this Agreement. In addition, data regarding services/supports are maintained by the respective Divisions of the Department. The Independent Reviewer was provided with the data from these sources for the preparation of this report.
IV.A.3	The system's review shall include the contractual compliance of community service boards and/or community providers.	**Compliance**	The Quality Management revised plan and subsequent reports describe the oversight structure for key performance indicators and outcomes as well as the requirements for service providers. External Review Organizations (APS and Delmarva) conduct on-site reviews of provider agencies on an established periodic basis. The Department of Community Health audits community service boards every three years.
IV.A.4	The system's review shall include the network analysis.	**Compliance**	**A comprehensive network analysis was submitted to the Independent Reviewer on July 1, 2014. In this report, detailed information was provided about available services/supports in each of the six regions as well as the currently existing gaps in services. Detailed information was also provided about the demographics of each region and the target populations to be served.**
IV.B	The State's quality management system regarding community services shall analyze key indicator data relevant to the target population and services specified in this Agreement to measure compliance with the State's policies and procedures.	**Compliance**	The Quality Management reports submitted to date contain analyses of key performance indicators related to specific services required under this Settlement Agreement. For example, there are key performance indicators related to ACT, supported employment, case management, housing and community support teams.
IV.C	Beginning on February 1, 2013 and ending on February 1, 2015, the State's quality management system shall create a report at least once every six months summarizing quality assurance activities, findings, and recommendations. The State shall also provide an updated quality management plan by July 1, 2012, and a provisional quality management system report by October 1, 2012. The provisional quality management system report shall not be subject to review by the Independent Reviewer under Section VI.B of the Settlement Agreement. The State shall make all quality management reports publicly available on the DBHDD website.	**Compliance**	**The Department continues to be in compliance with this provision. Reports have been submitted in a timely manner to the Independent Reviewer and the Department of Justice.**

Settlement Agreement Reference	Provision	Rating	Comments
V	**Implementation of the Agreement**		
V.E	The State shall notify the Independent Reviewer(s) promptly upon the death of any individual actively receiving services pursuant to this Agreement. The State shall, via email, forward to the United States and the Independent Reviewer(s) electronic copies of all completed incident reports and final reports of investigations related to such incidents as well as any autopsies and death summaries in the State's possession.	**Compliance**	**Although there have been some issues with timeliness, the Department remains in substantial compliance with this provision. The Independent Reviewer and the United States are notified of deaths and the results of investigations. At this time, the Department's mortality review process is undergoing scrutiny and revision. The Independent Reviewer is working closely with the Department on this matter. The Department has agreed to allow further review of its policies regarding reporting and investigation; has expanded its Mortality Review Committee; and has retained a qualified independent entity to review the deaths of individuals transitioned from State Hospitals to community placement. In addition, the Department is in contract discussions with two consultants who will review all deaths by suicide. Furthermore, the Department is exploring formats for public reports on its death investigations. Recently, the Department of Justice provided the Department with an analysis by their expert consultant regarding the deaths by suicide of a sample of mental health clients. This analysis is under consideration by the Department.**

DISCUSSION OF COMPLIANCE FINDINGS
Methodology

For each compliance requirement, the Department of Behavioral Health and Developmental Disabilities was asked to provide data and documentation of its work. The Department's (DBHDD) progress in meeting the provisions of the Settlement Agreement was reviewed in work sessions and Parties' meetings throughout the year; through discussions with providers and community stakeholders; and through site visits to community residences, day programs, Supported Employment programs, supported apartments, Assertive Community Treatment team sites, county jails and shelters for homeless individuals. (The expert consultants on Supported Employment, Support Housing and Assertive Community Treatment spent a combined total of twenty-three days on site in Georgia.)

The Department leadership and the Independent Reviewer have agreed to work together to institute a reliable strategy for monitoring community placements of individuals with a developmental/intellectual disability. The Department (DBHDD) selected Regions 2 and 3 as the initial sites for this collaborative effort. Therefore, in the last three months, the Independent Reviewer, with the assistance of the Settlement Agreement Director, has trained reviewers in Region 3 and began to train reviewers in Region 2 in the latter part of August 2014. The reviewers are Regional staff with backgrounds in health care and psychology. They have been paired with two experienced health care specialists and one doctoral level Board certified behavioral analyst in the field of intellectual/developmental disabilities retained by the Independent Reviewer. A joint monitoring tool has been developed and tested for inter-rater reliability.

In preparation for her Supplemental Report, filed in March 2014, the Independent Reviewer and her consultants invested a substantial amount of time to review the placements of adults with a developmental disability transferred from State hospitals to community placements. Therefore, the reviews during the period for this Report are more limited in scope and are focused on a subset of individuals with challenging behaviors. The individuals randomly selected for review reside in Region 1.

At this point in time, thirteen Region 1 clients have been randomly selected and reviewed. Each of these individuals requires, to varying degrees, behavioral supports by trained residential and day staff. Eleven individuals, including one on the at-risk list, reside in group homes; one individual lives in a host home; and one gentleman lives with his family. In addition, in Region 2, the behavioral analyst retained by the Independent Reviewer conducted site visits to the three individuals most recently transferred, in June 2014, from institutional settings to community residences.

The reports issued from the reviews of the individuals in the sample have been distributed to the Parties. The Department of Behavioral Health and Developmental Disabilities is in the process of analyzing these reports and will instruct its Regional staff to take corrective actions, as appropriate.

The Independent Reviewer is mindful that the focus on individuals transitioned from State hospitals has precluded the review of individuals who have not been institutionalized. Actions are now underway to include such individuals in each sample selected for further review. The sample randomly selected for the upcoming reviews in Region 2 will be drawn entirely from the at-risk list of individuals who receive support under the terms of the Settlement Agreement.

As in past years, three expert consultants were retained to assist the Independent Reviewer in evaluating the Department's compliance with the Settlement Agreement provisions regarding Supported Employment, Supported Housing and Bridge Funding and Assertive Community Treatment (ACT). The State Health Authority Yardstick (SHAY), a tool developed at Dartmouth University, was used for the evaluation of Supported Employment and Assertive Community Treatment services provided under the Settlement Agreement. The reports from each of these evaluations have been provided to the Parties. As desired by the Parties and the Amici, the Independent Reviewer will convene meetings to discuss the findings from these reports.

Finally, the Independent Reviewer had expected to report substantially on the individualized outcomes accomplished through the provisions of the Settlement Agreement. Unfortunately, despite earnest discussions with the Department's staff, the data system employed by the Department (DBHDD) has not permitted access to the individualized data required for such reviews. As stated in the Department's recently released "Regional Network Analysis 2014," such data retrieval is not currently possible:

> There is currently no single data system to track individuals who enter the DBHDD system. It is common to have to cross reference as many as five data sources to track simple information. Tracking more complex data such as the number of ADA consumers and what services they receive across agency lines takes reviewing many data sources, making calls, and calculating by hand. This is costly as it takes many man hours to collect the data…Part of the need for technology includes a more sophisticated utilization management system. The State is moving towards an Administrative Services Organization and that will assist in more coordinated care once it is implemented in FY 2015.

To be clear, the Department (DBHDD) has provided data regarding the utilization of services and compliance with certain target measures, such as the number of individuals receiving Assertive Community Treatment who are housed rather than homeless. What has been difficult

to retrieve, for example, are data about individuals prior to receiving the designated treatment. This information is important in analyzing the success of program intervention.

The Independent Reviewer and her expert consultants are attempting to work with the Department (DBHDD) staff to determine reasonable methods to collect, analyze and report individualized outcome data. A discussion in this matter is scheduled for October 7, 2014. In the meantime, the Independent Reviewer must rely on the aggregate data reported by the Department.

Review of Obligations for Year Four

A. Serving People with Developmental Disabilities in the Community

The State documented that forty-six individuals with a developmental/intellectual disability were transferred from State hospitals during the past Fiscal Year. Forty-three of these placements occurred prior to the Commissioner's second decision to suspend community placements. In June 2014, three men were transferred into community residences; the Independent Reviewer's consultants examined the quality of their supports. Reports of the findings have been shared with the Parties. Her consultants have commended the work of the single agency supporting these three men.

Documentation was provided to confirm that additional Home and Community-Based Waiver Services were provided to 100 individuals with a developmental/intellectual disability and that 1155 individuals with a developmental/intellectual disability were provided family supports in order to avoid institutionalization.

The data and documentation provided confirm that the Department (DBHDD) has met or exceeded the numerical targets for the provision of Waivers to at-risk individuals and for family supports.

However, as expected, the Department (DBHDD) did not comply with the provision requiring the transfer of institutionalized adults to integrated community placements. Furthermore, for the reasons explained at length in the Supplemental Report filed with the Court in March 2014, the Department continued to be in non-compliance with the provisions requiring the implementation of Individualized Support Plans and Support Coordination. Hopefully, the timely implementation of the Priority Plan will begin to remedy these findings of non-compliance.

The Independent Reviewer has recommended that a second Supplemental Report be filed with the Court, in March 2015, in order to document the status of these Provisions.

The Department (DBHDD) provided data regarding the implementation of crisis services, as required by the Settlement Agreement. The data confirms that the Provision of the Settlement Agreement regarding the establishment of mobile crisis teams has been met. There are twelve mobile crisis teams. The data documents the use of in-home support and Crisis Respite Homes. However, the Provision requiring the establishment of Crisis Respite Homes is in non-compliance. There are eleven Homes, not the required twelve. The contract for the twelfth Home was cancelled and the plans for its replacement are not finalized. In addition, three individuals have been residing in a Crisis Home for more than one year because appropriate community placements are not yet available for them. The Independent Reviewer has been informed of the reasons for each of these circumstances and will track the status of each case.

The Independent Reviewer is concerned that there does not appear to be a concentrated focus on the crisis services provided to individuals with a developmental disability. The Priority Plan addresses crisis management only briefly (see Page 30). Therefore, the Independent Reviewer is in the process of retaining an expert consultant to assist her in the review of crisis services.

B. Serving Persons with Mental Illness in the Community

Since the first Annual Report, the Independent Reviewer has retained three consultants with nationally recognized expertise in supported housing, supported employment and Assertive Community Treatment (ACT). Their findings and recommendations for the current Report have been submitted to the Parties and are attached.

1. Housing Supports

In her report, Ms. Knisley has continued to caution that there must be attention to infrastructure, capacity building, and collaborative action with housing agency partners and community agencies, if future housing targets are to be achieved and sustained. This is especially important as the State enters the fifth year of the Settlement Agreement. During this year, by July 1, 2015, the Department must comply with the requirement " to have capacity to provide Supported Housing to any of the 9,000 individuals in the target population who need such support." In order to conceptualize strategies to satisfy that obligation, the Department (DBHDD) sought guidance from the Technical Assistance Collaborative (TAC). The report from this consultation is attached.

As of July 1, 2014, the State was to provide a total of 1400 supported housing beds for individuals with serious and persistent mental illness who are in the target population. Bridge Funding was to be provided to 540 individuals. As confirmed by the findings of the expert consultant to the Independent Reviewer, the State has more than exceeded these obligations.

Ms. Knisley's report outlines the reasons why the State's housing voucher program has been successful. These reasons include positive inter-agency relationships with the Department of Community Affairs (DCA), strong leadership and flexible approaches to the provision of housing supports. The report also cautions the Department (DBHDD) that it must take concerted action to enforce its "housing first" policy and to ensure the inclusion of under-represented members of the target population, including those who have forensic histories or who are dually diagnosed.

Her report includes a number of recommendations to promote access to housing and to ensure that the quality of housing options is consistent with desired practices. She was particularly concerned that some Assertive Community Treatment (ACT) Team staff remain committed to a "readiness" model. This approach is not consistent with either the stated values of the current Administration or the principles of this evidence-based practice. (It should be noted that Ms. Knisley's concerns about staff were immediately addressed by the Department. The staff were replaced.)

2. Supported Employment

As required in this phase of the Settlement Agreement, there were to be 500 individuals provided with supported employment opportunities in Year Four. The State provided such services to 998 individuals.

Over the last four years, the measures of the State Health Authority Yardstick (SHAY) have been applied to the supported employment services provided under the Settlement Agreement. Scores have progressively increased. This year, the Department achieved a summary rating of 4.4 out of 5.0.

The report by Mr. Lynde is attached. In addition to his analysis of the strengths of the supported employment program, including leadership, training, policy development and planning, he cautions that successful outcomes are at risk of compromise by programs that fail to work to achieve continuity of care for their clients. He is particularly concerned that the employment specialists on some Assertive Community Treatment (ACT) Teams do not follow the standards and practices of evidence-based supported employment. He also has articulated the concerns voiced by some providers that resources will not be sustained after the conclusion of the Settlement Agreement. His concerns merit further discussion by the Parties.

3. Assertive Community Treatment (ACT):

The Settlement Agreement requires that all Assertive Community Treatment (ACT) teams will operate with fidelity to the Dartmouth Assertive Community Treatment model. In addition, by July 1, 2014, there were to be twenty-two ACT teams operating throughout Georgia.

The State now has established twenty-two ACT teams and has mandated that they operate with fidelity to the model required by the Settlement Agreement.

The ACT teams are measured for compliance with the Dartmouth Assertive Community Treatment Scale (DACTS).

At the request of the Independent Reviewer, her expert consultant, Dr. Angela Rollins, again reviewed the ACT teams' compliance with these Provisions of the Settlement Agreement.

The DACTS is a 28-item scale that assesses the degree of fidelity to the ACT model. Each item is rated on a 5-point behaviorally anchored scale, ranging from 1 = Not Implemented to 5 = Fully Implemented. The full implementation anchors are item-specific and were determined through a variety of expert sources, including published reports from the ACT model developers and from an expert panel.

Although cut-off scores for defining a minimum adherence to ACT are desirable, very little evidence exists for a particular cut-off score. McHugo and colleagues (2007) refer to 4.0 and above as "High Fidelity," 3.0-3.9 as "Moderate Fidelity," and below 3.0 as "Low Fidelity" in the National Evidence-Based Practices Project studying several practices, including ACT. Some helpful work to address this gap for ACT in particular did identify several empirical approaches to defining ACT using DACTS scores or subsets of scores (Salyers et al., 2003). Trials of item-level pass-fail criteria were found to be unattainable by the ACT programs in the study and, therefore, not helpful in distinguishing ACT from other services.

In FY 2014, the twenty-two ACT teams established under the Settlement Agreement scored an average of 4.1 on all 28 DACTS items (with no modified scoring; i.e., using the usual, stringent criteria in the DACTS protocol and scale). Seven of the twenty-two teams scored below 4.0, but still scored a 3.8 or 3.9, the upper range of what Salyers and colleagues (2003) refer to as a "C," in their model using 26 of 28 DACT items, indicating a need for improvement but certainly not out of the realm of ACT team scores in most implementation efforts.

Another approach to examining Georgia ACT teams' performance is to look at individual team scores over time. Dr. Rollins noted that only one team scored below 4.0 in both FY 2013 and FY 2014. That team scored 3.9 in one year and 3.8 in the next, both relatively close to the 4.0 mark. This team primarily struggled with staff turnover, which is scored relative to the last two years, so the turnover experienced in FY 2013 would still "count" and, thus, influence FY 2014 scores. (Some states have excluded the H5 Staff turnover item in state certification efforts in order to avoid "punishing" teams for staff turnover that sometimes is out of the agency's control.)

Dr. Rollins concluded that the ACT teams in Georgia are scoring comparably, if not better, than other ACT teams in the published literature, including some data derived from randomized controlled trials which are often difficult to replicate in real-world implementation efforts (Drake et al., 2001). In her opinion, using criteria that are either too stringent at the total DACTS score level or requiring item-level pass-fail criteria that are difficult to meet will likely result in a chaotic service environment where the State will be forced to pull contracts and rapidly reassign Georgia ACT consumers to new ACT providers in order to remain in compliance.

However, Dr. Rollins supported the Department (DBHDD)'s continued use of scores lower than 4.0 on the total DACTS score and individual item scores of 1 or 2 as indicators of the need for corrective action plans; teams scoring a "C" are expected to improve. She has urged the Department (DBHDD) to do better follow-up on progress on those corrective action plans so that improvements actually materialize in well-documented ways. She also urged the Department DBHDD to increase attention to other elements of ACT program quality that are not captured by the DACTS (e.g., recovery-orientation, employment services). Although it has not been an issue to date, she also recommended that the Department (DBHDD) prepare for any incidence where an ACT team scores a 3.4 or below on the DACTS.

In light of the findings by Dr. Rollins, the Department (DBHDD) has been advised of ACT teams with deficits in certain areas of performance. The Independent Reviewer has recommended that these teams receive increased oversight and technical assistance. The Department (DBHDD) has been asked to provide additional data regarding the ongoing performance of these teams. The progress of these teams will be discussed in the Independent Reviewer's proposed second Supplemental Report to be filed with the Court in March 2015.

CONCLUSIONS

The Settlement Agreement has required the structural reform of the State's systems of support for individuals with a developmental/intellectual disability and/or a mental illness. As recognized in this Report, there have been important achievements in the mental health system over the past four years. These achievements have been recognized and applauded by the stakeholders invested in evidence-based practices and the full implementation of the recovery model. While it has not been possible to quantify individual outcomes, there is documentation of increased access to affordable housing, competitive employment, clinical and peer supports and crisis services.

Although the expert reports describe the strengths and challenges of the mental health system in greater detail, it is important to note here the recurrent concern about three major findings:

- Individuals with forensic histories are not obtaining adequate access to community-based supports. As a result, they remain confined in institutions or are at risk of recidivism upon their release from custodial care. A significant part of this problem rests with discharge practices in jails and other forensic settings. Forensic facility clinicians have either limited available resources or have limited knowledge/experience with community-based alternatives as part of discharge planning. The latter requires a somewhat sophisticated understanding of community mental health services as well as knowledge of the actual services/supports available throughout the various Regions of the State. Regular in-reach by community providers and a vastly expanded community transition process would improve this situation but a coordinated approach must be created and implemented by the Department (DBHDD) and its sister agencies. The unfortunate consequence of this lack of coordination and strategic planning is that individuals are confined for longer periods of time, regardless of the nature of their crime.
- As described above, the State is extremely fortunate to have a well-respected and well-developed array of peer supports. These practices reflect a recovery-orientation and the use of integrated community resources. The failure of certain Assertive Community Treatment Teams to embrace a similar orientation is of considerable concern. Increased effort to ensure a recovery-model rather than a "readiness" model is critically important at this stage of the Settlement Agreement.
- Although substantial progress has been made in implementing the foundation of the mental health system, there is evidence of inconsistency in continuity of care. That is, the discrete parts of the mental health system do not always interact consistently and harmoniously. Further concerted action is required by the Department (DBHDD) to promote the integration of services/supports so that the consumers' experience is not

fragmented. Examples of strategies successfully used by the Department include training opportunities that blend staff from different types of programs, such as Assertive Community Treatment (ACT) and Supported Employment. These strategies should be expanded. The employment specialist on the ACT Team should implement his/her responsibilities in the same way as his/her colleague in Supported Employment.

The system of community-based supports for individuals with an intellectual/developmental disability has fallen seriously short of expected practice despite earnest attempts to improve the quality of residential programs and other critical services. The State's Plan for remedial actions is very promising but remain unfulfilled at this time. As universally recognized, the next few months will be extremely important in determining whether sufficient reform can be realized and whether resources and skills are adequate for the serious tasks ahead.

SUMMARY OF YEAR FOUR RECOMMENDATIONS

The subject matter experts working with the Independent Reviewer have included recommendations in their attached reports on Supported Housing, Supported Employment and Assertive Community Treatment. Those recommendations will not be repeated here. However, the recommendations described below draw from the findings of the expert consultants as well as from the Independent Reviewer's own observations and experiences.

Recommendation One:

It is strongly recommended that the Independent Reviewer prepare a second Supplemental Report under the same timeframes and expectations as the first Supplemental Report filed in March 2014. The second Supplemental Report should be filed with the Court.

The second Supplemental Report should address the status of the provisions related to transitions, support coordination and the implementation of Individual Support Plans for individuals with a developmental disability, including those placed from State hospitals and those receiving Home and Community-Based Waiver Services under the terms of the Settlement Agreement.

In addition, the next Supplemental Report should address the actions taken by the Department (DBHDD) to improve the performance and outcomes of the lower-performing Assertive Community Treatment (ACT) teams identified by the Independent Reviewer and her expert consultants. For each of the limited number of teams, the Department should report on the progress that has been made to improve DACTS scores, especially those related to intensity of service, frequency of contact, and informal supports.

The Independent Reviewer will consult with the Parties to this Agreement to determine whether other provisions should be reviewed and included in the second Supplemental Report.

Recommendation Two:

Although there has been some progress documented in the referral of individuals with forensic histories to Assertive Community Treatment (ACT) teams and to supported independent housing, this group of adults remain seriously under-represented in the implementation of the provisions of the Settlement Agreement. Therefore, substantial effort and evidence of inclusion must be confirmed in Year Five.

The Independent Reviewer is in the process of retaining an expert consultant to assist her in the review of community-based housing and other programmatic supports for individuals with forensic histories. She requests that the Department (DBHDD) identify the appropriate staff to work with her as she plans and implements her work related to forensic clients.

Recommendation Three:

The review of crisis services requires ongoing attention by both the Department (DBHDD) and by the Independent Reviewer. The need for this review was referenced in FY 2013.

In particular, the Independent Reviewer is concerned that there does not appear to be a concentrated focus on the crisis services provided to individuals with a developmental disability. The Priority Plan addresses crisis management only briefly (see page 30).

It is recommended that the Independent Reviewer continue to work with the Department (DBHDD) as it implements its "Community Behavioral Health Crisis Continuum Strategic Plan." Reports from the quarterly meetings of the Behavioral Health Crisis Continuum workgroup should be provided to the Independent Reviewer.

The Independent Reviewer is in the process of retaining an expert consultant to assist her in the review of crisis services for individuals included in the target population for the Settlement Agreement. She requests that the Department (DBHDD) identify the appropriate staff to work with her as she plans and implements her work related to crisis services.

Recommendation Four:

The Settlement Agreement requires that "By July 1, 2015, the State will have capacity to provide Supported Housing to any of the 9,000 persons in the target population who need such support." (See Provision III. B. 2. c. ii. (A).)

As evidenced by the attached report prepared for the Department (DBHDD) by the Technical Assistance Collaborative, efforts have been initiated to identify the sources of available housing that will be essential to compliance with this Provision.

It is recommended that the Parties prioritize their attention to the requirements of this Provision and to the resources and timelines that will be needed for compliance.

An initial discussion is scheduled with the Parties for October 7, 2014. The Independent Reviewer's expert consultant on Supported Housing will be present.

Recommendation Five:

As referenced in the review of recommendations for 2013, the Department has taken steps to educate providers of Assertive Community Treatment (ACT), Intensive Case Management, Supported Employment and Community Support Teams about the resources available to them from other components of the behavioral health system. These efforts are important to increasing collaboration across all parts of the mental health system. It is recommended that they be intensified in Year Five. In particular, added emphasis on the principles and practices of

a recovery-orientation would be important to ensuring consistency of performance across all provider agencies.

In this previous year, in an effort to evaluate the mental health system as a whole, the Independent Reviewer has asked her expert consultants to conduct site visits together and to discuss their respective observations. This collaboration has been very useful and will be continued into the next year.

STATUS OF YEAR THREE RECOMMENDATIONS

The following recommendations were included in the Independent Reviewer's FY 2013 Report. A brief update of the status of each recommendation is noted below:

1. In the professional judgment of the Independent Reviewer, it is critical that there be a more concentrated focus on the analysis and reporting of the effects from the above-referenced cessation of admissions to the state hospitals of people with developmental disabilities. For example, the Department could track the admission of individuals with both an intellectual disability and a mental illness to its psychiatric hospitals in order to evaluate the effectiveness of its crisis system.

Although the Department reported that it tracks this information, the data are not currently used to assess its system or its crisis services. The forthcoming implementation of the Administrative Services Organization (ASO) may affect the utilization of these data.

2. In concert with the Independent Reviewer, it is recommended that the Department review the components of the crisis services system to determine if they are organized and coordinated as effectively as possible.

The Independent Reviewer and the Department discussed this recommendation. The Department had recognized that "crisis services are often the first point of encounter with the behavioral health delivery system for an individual or family, and can, therefore, set the future course of the individual's or family's attitude toward, and relationship with, the system." Stakeholder meetings held in October and December 2012 were followed by the formation of a Steering Committee that met from February to June 2013. Over the period of August 2013 through April 2014, a "Community Behavioral Health Crisis Continuum Strategic Plan" was developed by a Departmental workgroup that included staff from adult mental health, child and adolescent mental health, addictive diseases, suicide prevention and the Office of Recovery. The Strategic Plan was based on the findings and recommendations of the Steering Committee. The Departmental workgroup has continued to meet quarterly to move forward the work required for the implementation of the Strategic Plan. The Independent Reviewer was provided a copy of the Strategic Plan. It outlines goals and timelines that extend until June 30, 2016. The Independent Reviewer and Departmental staff intend to meet periodically to ascertain progress towards these goals.

The above initiative did not include the crisis services provided to individuals with a developmental disability. The Independent Reviewer has recommended that a concerted effort be made to pinpoint the responsibility for implementing a similar analysis and developing a strategic plan with measurable goals and objectives.

The Independent Reviewer is in the process of retaining a subject matter expert to assist in her continuing review of crisis services.

3. Attention must be given to infrastructure capacity and collaboration with housing agency partners and community agencies, if future housing targets are to be achieved. While the state met the targets again this year, it was agreed that meeting future targets would be more difficult because the expectations are greater. Similarly, maintaining the program at the level required by this Settlement Agreement requires "sustained" capacity at the provider, Regional and state level. It will be important to give further attention to “turnover” and sustaining provider capacity.

The attached report by the Independent Reviewer’s expert consultant, Martha Knisley, discusses the Department’s efforts to determine and sustain adequate capacity through collaboration with other State and Federal agencies. This issue is the subject of ongoing discussion between the Department and the Independent Reviewer and her expert consultant. The next discussion with the Parties about the status of housing for the Settlement Agreement’s target population is scheduled for October 7, 2014.

4. Collaboration must be strengthened with the DCA HCV program staff, Continuums of Care, local jails and prisons, the Veterans Administration and local Public Housing Authorities. It is strongly recommended that action steps and outcomes for these collaborations include, for example, formal referral agreements, interagency training, the DCA-DBHDD-provider "boot camps" and activities, and relationship building events. The development of a work plan would help "size" the planning process and make clear expectations for these activities.

As documented in the attached report by Ms. Knisley, the Department has initiated and implemented numerous positive actions to increase collaboration with its partners in the provision of housing. This issue also continues to be the subject of ongoing discussion between the Department and the Independent Reviewer and her expert consultant.

5. For Assertive Community Treatment programs and Supported Housing programs, the Department should assess the potential for increasing referrals from hospitals and intensive residential programs.

6. For Assertive Community Treatment and Supported Housing programs, the Department should take concrete steps to increase referrals from jails and prisons. These steps include building relationships and working agreements between Regional staff, local providers/community service boards and local Sheriffs and other officials for access, screening and referral arrangements.

Although more work will be required to address both of these recommendations, progress has been documented in the efforts to increase referrals from hospitals, intensive residential programs, jails and prisons. However, as discussed in both the Independent Reviewer's narrative summary and the attached reports by her experts, Ms. Knisley and Dr. Rollins, substantial work remains to be planned and implemented in the Fifth Year, if these provisions of the Settlement Agreement are to be fully satisfied.

7. The Department should intensify its efforts to make provisions for supported housing for individuals with developmental disabilities and those with co-occurring mental illness and developmental disabilities.

There has been virtually no progress made towards addressing this recommendation. The Independent Reviewer will continue to discuss this recommendation with the Department as it implements its reform efforts, especially those now beginning in Region 2.

8. The Department should consider ways in which to further refine, expand and improve Supported Housing, Assertive Community Treatment, Intensive Case Management and Supported Employment as interconnected initiatives. A simple crosswalk of the initiatives would reveal many opportunities for connecting the programs. As noted, providing opportunities for peers to be a part of these processes will add incredible value.

There is documentation that confirms the Department's efforts to increase collaboration between the programmatic components of its behavioral health system. For example, the agendas for monthly meetings/teleconferences with providers responsible for Supported Employment, Assertive Community Treatment, and Community Support consistently reflect discussion about understanding and using resources, including housing vouchers, available throughout the State's system. On January 15, 2014, providers responsible for these services as well as those responsible for crisis services and Intensive Case Management held a combined meeting/retreat to strengthen their collaboration. On February 20, 2014, providers of Assertive Community Treatment and Community Support met for joint training. On February 25, 2014, a training session on "Recovery-Oriented Engagement and Service Delivery" was held in Macon, Georgia. Further, the Quality Councils for Behavioral Health review the data, discuss the findings and issue recommendations. These efforts are positive and are commended. Nonetheless, continuing and expanded efforts are strongly recommended, especially in the area of recovery-oriented training. As discussed in the attached reports by Ms. Knisley, Mr. Lynde and Dr. Rollins, the understanding of recovery-oriented principles and practices appears to be uneven and some providers are in need of more intense support and supervision.

This recommendation by the Independent Reviewer and her expert consultants is repeated and will be reviewed in future reports.