Georgia Department of Behavioral Health & Developmental Disabilities

This document is a summary of the settlement agreement between the State of Georgia and the U.S. Department of Justice that was entered into in October 2010. This summary is not a legal document. In the interest of readability and space, some of the implementation details have been left out. If you're interested in understanding the full details, please see the settlement agreement itself.

The settlement agreement addresses the provision of community services under the Americans with Disabilities Act and in accordance with the U.S. Supreme Court's Olmstead decision.

The State of Georgia and the U.S. Department of Justice have a separate agreement under the Civil Rights of Institutionalized Persons Act (CRIPA) that remains in effect to address the safety and efficacy of state psychiatric hospitals.

Developmental Disabilities

By July 1, 2011, Georgia will stop admitting to its state hospitals people for whom the reason for admission would be a primary diagnosis of a developmental disability, including Temporary and Immediate Care (TIC).

Enhanced community services will be provided for people whose primary diagnosis is a developmental disability and who are either currently hospitalized in state hospitals or who are at risk of hospitalization in state hospitals. Those with forensic status may be included in the target population if the relevant court finds community placement appropriate.

In all cases, the individuals served will be able to make an informed choice about where they'd like to live. Unless they choose otherwise, everyone in the target population will be served in their own homes or the homes of their families and none will be served in a host home, congregate living setting, skilled nursing facility, intermediate care facility, or assisted living facility. All of the waiver participants will receive support coordination.

By July 1, 2013, and each year thereafter, Georgia will perform a Quality Assessment of community providers of waiver services.

Georgia will provide community services for the targeted population of people with developmental disabilities on the following schedule:

July 1, 2011:

- 150 waivers to move people from state hospitals to the community
- Family supports for at least 400 families
- In addition, anyone who was in a state hospital and had an existing and active waiver at the time of the agreement will also be moved to the community.

July 1, 2012:

- 150 more waivers to move people to the community
- 100 waivers to prevent hospitalization of those already in the community
- Family supports for an additional 450 families
- 6 Mobile Crisis Teams
- 5 Crisis Respite Homes

July 1, 2013:

- 150 more waivers to move people to the community
- 100 more waivers to prevent hospitalization
- Family supports for an additional 500 families
- 4 more Crisis Respite Homes

July 1, 2014:
- 150 more waivers to move people to the community
- 100 more waivers to prevent hospitalization
- Family supports for an additional 500 families
- 3 more Crisis Respite Homes

July 1, 2015:
- Up to 150 more waivers to move any people with developmental disabilities remaining in state hospitals to the community
- 100 more waivers to prevent hospitalization
- Family supports for an additional 500 families

Totals:
- Up to 750 new waivers to move people to the community
- 400 waivers to prevent hospitalization
- 2,350 families provided with family supports
- 6 Mobile Crisis Teams
- 12 Crisis Respite Homes

Mental Illness

Georgia will provide expanded and enhanced community services for approximately 9000 people with Severe and Persistent Mental Illness who are either currently being served in state hospitals, are frequently readmitted to state hospitals, are frequently seen in emergency rooms, are chronically homeless, and/or who are being released from jails or prisons. People with forensic status can be included in the target population if the relevant court finds that community services are appropriate.

Georgia will establish the following services to given total on the following schedule:

July 1, 2011:
- 18 Assertive Community Treatment (ACT) teams
- 1 Intensive Case Management (ICM) team
- 100 supported housing beds
- Bridge funding for 90 individuals
- Supported employment to 70 people
- Everyone on the Mental Health Olmstead List who is eligible to will receive services in the community
- The State will retain funding for 35 beds in non-State community hospitals

July 1, 2012:
- 20 ACT teams
- 2 ICM teams
- 500 supported housing beds
- Bridge funding for 360 more individuals
- Supported employment to 170 people
- 2 Community Support Teams (CST)
- 5 Case Management Service providers
- A total of 1 additional Crisis Stabilization Program (CSP)
- Peer Support for up to 235 people

July 1, 2013:
- 22 ACT teams
- 3 ICM teams
- 800 supported housing beds
- Bridge funding for 270 more individuals
- Supported employment to 440 people
- 4 CSTs
- 15 Case Management Service providers
- 1 Crisis Service Center (CSC)
- A total of 2 additional CSPs
- Peer Support for up to 535 people
- Mobile crisis services in 91 counties with an average response time of 1 hour and 10 minutes or less
- 6 crisis apartments

July 1, 2014
- 8 ICM teams
- 1400 supported housing beds
- Bridge funding for 540 more individuals
- Supported employment to 500 people
- 3 CSCs
- A total of 3 additional CSPs
- Peer Support for up to 835 people
- Mobile crisis services in 126 counties with an average response

- 8 CSTs
- 25 Case Management Service providers

time of 1 hour and 5 minutes or less

- 12 crisis apartments

July 1, 2015:

- 14 ICM teams established
- 2000 supported housing beds
- Bridge funding for 540 more individuals
- Supported employment to 550 people
- 45 Case Management Service providers available
- 6 CSCs
- Mobile crisis services in all 159 counties with an average response time of 1 hour or less
- 18 crisis apartments

General Provisions

Individuals under 18 will not be admitted to state hospitals unless an emancipated minor.

With certain exceptions, individuals with DD and SPMI not transferred from one institutional setting to another unless with their informed choice or warranted by medical condition.

Transition planning will be enhanced by having at least one case manager and at least one transition specialist at each state hospital to review transition planning for individuals with challenging behaviors or medical conditions that impede their transition to the community. Transition specialists will work with hospital and regional office staff and the individual's choice of community providers. The regional offices will maintain lists of providers and ensure that an individual's chosen provider participates in transition planning.

By January 1, 2012, the state will put in place a quality management system regarding community services for the populations targeted by the agreement. The review will include implementation of the plan, service requirements of the agreement, contractual compliance of the community service boards and community providers, and network analysis. Between July 1, 2012, and July 1, 2014, a report will be created at least once every six months summarizing quality assurance activities, findings, and recommendations.

And Independent Reviewer chosen jointly by the state and the DOJ will work to determine whether the state is in compliance with the terms of the settlement agreement and will produce a report to the Court yearly.

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