

INDEPENDENT REVIEWER'S REPORT

YEAR SIX

UNITED STATES v. THE STATE OF GEORGIA

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

September 19, 2016

INTRODUCTORY COMMENTS

This is the sixth Annual Report issued on the status of compliance with the provisions of the Settlement Agreement in United States v. Georgia.

In many ways, this Report marks an important transition point.

First, the Parties and the Independent Reviewer have agreed that fifty-four of the provisions included in the 2010 Settlement Agreement have reached substantial compliance and have remained so for at least one year. By agreement, these provisions will not be reported on further, including in this Report, unless there are facts in the future that raise concern about continued implementation or sustainability. (These provisions are greyed-out in the following Summary of Compliance Chart.)

The accomplishment of these milestones is of tremendous significance. It demonstrates that the State has implemented substantive structural and programmatic changes in its delivery of community-based supports for individuals with a serious and persistent mental illness. Although the community-based system for this group of individuals will continue to require diligent attention and consistently adequate resources, there is now a solid foundation upon which to continue to build for the future. Achievement of this level of systemic reform in six years should be recognized and applauded.

The outcomes of this reform are reflected in the positive changes for many of the individuals in the target population. For example, as of June 30, 2016:

- There were 1,314 adults with serious and persistent mental illness receiving Supported Employment Services. Of these individuals, 637 (48.5%) were employed. The requirement of the Settlement Agreement that 550 individuals receive Supported Employment was exceeded.
- There were 1,539 adults with serious and persistent mental illness receiving support from twenty-two Assertive Community Treatment (ACT) teams across the State. These teams were established under the Settlement Agreement. Data obtained from the State in 2016 documented that consumers in the ACT Effectiveness Study experienced a 57% reduction in psychiatric hospitalizations and a 69% reduction in hospitalization days after six months in ACT. Both of these outcomes were sustained after twelve months of ACT supports.
- There were 2,225 adults with serious and persistent mental illness either living in their own apartments with support or actively engaged in seeking an apartment to be leased. These supported housing opportunities were

funded under the Settlement Agreement. The Settlement Agreement requirements for Housing Vouchers and Bridge Funding were exceeded in each year of the Agreement.

However, analysis of these very successful outcomes also highlighted the critical need to strengthen efforts to include underserved members of the Settlement Agreement's target population.

As will be discussed in this Report, there continues to be a serious void in the provision of Assertive Community Treatment (ACT) services and supported housing to individuals with histories of repeated inpatient hospitalization, Emergency Room visits, homelessness and/or incarceration in jails, prisons and the forensic units of State Hospitals.

It remains essential that there be expanded outreach to and engagement with these vulnerable members of the target population. There is a compelling urgency to rethink protocols and processes that have proven ineffective in working with adults who have lacked stability, support and reliable resources in their lives.

Second, on May 27, 2016, the Court approved an Extension to the Settlement Agreement. The Extension Agreement reflects the systemic work that remains to be completed in order for the State to reach substantial compliance with the remainder of its obligations. The provisions in the Extension Agreement focus on the expansion of Supported Housing for adults with a serious and persistent mental illness and, to an even greater extent, the strengthening of community-based supports for individuals with an intellectual/developmental disability, including those who are currently institutionalized.

With seven exceptions, the timeframes for the requirements in the Extension Agreement fall outside those of this Report. As a result, the work completed by the State under the terms of the Extension Agreement will be discussed in detail in the Independent Reviewer's report to be filed in March 2017.¹ The timeliness of the seven obligations to be met by July 1, 2016 is referenced in the narrative below.

Third, with the completion of the negotiation period, the Parties have agreed to reinstate their periodic meetings, including a quarterly meeting with the Amici. The reconvening of these meetings is noteworthy as they are the venue for the discussion of accomplishments, questions and any emerging concerns. On July 13, 2016, the Parties and the Independent Reviewer met to discuss the State's current efforts and the development of a monitoring schedule/document request. A meeting with the Amici is scheduled for October 4, 2016.

¹ The Extension Agreement requires the Independent Reviewer to issue two compliance reports each year. These reports will be filed in March and September and will include detailed reporting on each discrete task and timeframe.

It is important to acknowledge the continuing leadership and cooperation of the Department of Behavioral Health and Developmental Disabilities (the Department). The Commissioner and his Chief of Staff remain very accessible to the Independent Reviewer and her consultants. Requests for meetings are responded to immediately. Discussions continue to be collegial, candid and productive. The Department's staff, especially the Director of Settlement Services, have provided guidance and essential information throughout this year. The Department's efforts and understanding of the Independent Reviewer's role are greatly appreciated.

The attorneys for both the State and the Department of Justice have provided invaluable assistance and have been unfailingly available when needed by the Independent Reviewer. It would be difficult to perform the work of an external Reviewer without this level of cooperation and thoughtfulness.

As in each of the previous years, the State's commitment to systemic reform has remained steadfast. The Governor and the Legislature have continued to approve the funding requested for the implementation of the Settlement Agreement and have, in fact, exceeded it.

The State, through its leadership at the Department, has demonstrated a good faith effort to work to address acknowledged concerns and to implement its overall obligations.

This evidence of a good faith effort provides a strong foundation for the work yet to be completed in the two-year period of the Extension Agreement.

Finally, the Parties to this Settlement Agreement are extremely fortunate to have the added advantage of a highly articulate advocacy community with its deep commitment to the provision of services and supports in the most integrated setting possible for each individual in the target population. The stakeholders in Georgia have provided important information and insight in their discussions with the Independent Reviewer and her consultants. The advocacy community in Georgia is one of the most valuable safeguards for the sustainability of the intent and obligations of the Settlement Agreement. The next two years of the Extension Agreement will benefit immeasurably by their continued involvement.

SUMMARY OF COMPLIANCE CHART

Foundational Provisions:

Paragraph I.K of the Settlement Agreement requires that "to the extent the State offers public services to qualified individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet the needs of such qualified individuals with disabilities." This over-arching Provision is applicable to

all subsequent Provisions of the Settlement Agreement and its agreed-upon Extension.

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 is in compliance with this provision. There is no evidence that individuals with a developmental disability have been transferred between State Hospitals in contradiction of the commitment to cease admissions.
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 State is in substantial compliance with this provision. All placements reviewed in FY16 confirmed that there were four or fewer individuals in congregate settings and two or fewer individuals in host homes.
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	The State is in compliance with this provision. There is evidence that individuals with both a developmental disability and with forensic status are being placed in Waiver-funded community residential settings.
III.B.2.a.i(G)	All ACT teams will operate with fidelity to the Dartmouth Assertive Community Treatment model.	Compliance	The State is in compliance with this provision. All ACT teams operate with fidelity to the Dartmouth Assertive Community Treatment model.
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 State is in compliance with this provision. There is no evidence that individuals under the age of 18 have been admitted to, or otherwise served, in the State Hospitals or on the State Hospital grounds.

It has been agreed by the Parties that these five provisions are foundational requirements for the systemic reform in Georgia. They will remain in effect throughout the course of the Extension Agreement. The Independent Reviewer will report any facts that indicate a lack of substantial compliance with the provision.

Provisions:

Settlement Agreement Reference	Provision	Rating	Comments
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.	Deferred	In FY15, this provision was rated in Non-Compliance. However, the requirements of this provision are now included in the Extension Agreement and will be reviewed in future Reports.
III.A.2.b.i(E)	Between July 1, 2014, and July 1, 2015, the State shall attempt to move any remaining individuals with developmental disabilities from the State Hospitals to the community. The State shall create up to 150 waivers to accomplish this transition. The State shall also create 100 additional waivers to prevent the hospitalization 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.	Deferred	In FY15, this provision was rated in Non-Compliance. However, the requirements of this provision are now included in the Extension Agreement and will be reviewed in future Reports.
III.A.2.b.i(F)	Any persons with developmental disabilities remaining in State Hospitals on July 2, 2015, shall be served in the most integrated setting appropriate to their needs.	Deferred	The requirements of this provision are included in the Extension Agreement and will be reviewed in future Reports.

Settlement Agreement Reference	Provision	Rating	Comments
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.	Deferred	In FY15, this provision was rated in Non-Compliance. However, the requirements of this provision are now included in the Extension Agreement and will be reviewed in future Reports.
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.	Deferred	In FY15, this provision was rated in Non-Compliance. However, the requirements of this provision are now included in the Extension Agreement and will be reviewed in future Reports.
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.	Deferred	In FY15, this provision was rated in Non-Compliance. However, the requirements of this provision are now included in the Extension Agreement and will be reviewed in future Reports.
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 first Supplemental Report was filed with the Court on March 24, 2014. Her second Supplemental Report was filed with the Court on March 20, 2015.
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. They are located in every Region.
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.	Compliance	The State is in compliance with this provision. There are twelve Crisis Respite Homes.
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. In FY15, training was provided to 889 individuals, including 11 Judges, 827 law enforcement officials and 51 attorneys.

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 FY15, 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.	Deferred	The requirements for this provision are included in the Extension Agreement and will be reviewed in future Reports.
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.
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.

Settlement Agreement Reference	Provision	Rating	Comments
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, 2015, there were 1,477 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.
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, 2015, the number of people participating in CST services was 289.
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.

Settlement Agreement Reference	Provision	Rating	Comments
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.iii(D)(5)	By July 1, 2015, the State will have 14 Intensive Case Management teams.	Compliance	The State is in compliance with this provision. There are fourteen Intensive Case Management Teams. There were 1766 individuals served in FY16.
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 throughout the six Regions. On June 30, 2014, the number of people participating in CM services was 761.
III.B.2.a.iv(C)(4)	By July 1, 2015, the State will have 45 Case Management service providers.	Compliance	The State is in compliance with this provision. 1,732 unduplicated individuals were provided case management services.
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.i(B)(3)	By July 1, 2015, the State will establish an additional three Crisis Service Centers.	Compliance	The State is in compliance with this provision. There are now eight Crisis Centers operating in the State.
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 State is in compliance with this provision. It has continued to contract with non-State community hospitals, primarily in Regions 1 and 4.

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 State is in compliance with this provision. The Georgia Crisis and Access Line (GCAL) provides these services.
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 State is in compliance with this provision. GCAL complies 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.
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.v(B)(3)	By July 1, 2015, the State shall have mobile crisis services within all 159 of 159 counties, with an average annual response time of 1 hour or less.	Compliance	There are two mobile crisis providers covering all 159 counties in the State. The average response time was 55 minutes in FY15. As of June 30, 2015, 18,052 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 State has complied with this provision. Additionally, a one bedroom apartment is available for individuals who prefer greater privacy.

Settlement Agreement Reference	Provision	Rating	Comments
III.B.2.b.vi(C)(1)	By July 1, 2013, the State will provide six crisis apartments.	Compliance	The State has complied with this requirement.
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.b.vi(C)(3)	By July 1, 2015, the State will provide 18 crisis apartments.	Compliance	The State has complied with this requirement. There are twenty-three apartments.
III.B.2.c.i(A)	Supported Housing includes scattered-site housing as well as apartments clustered in a single building. By July 1, 2015, 50% of Supported Housing units shall be provided in scattered-site housing, which requires that no more than 20% of the units in one building, or no more than two units in one building (whichever is greater), may be used to provide Supported Housing under this agreement. Personal care homes shall not qualify as scattered-site housing.	Compliance	The State is in compliance with this provision. In Region 4, 74% of the apartment units are scattered sites. In the remaining Regions, the percentage of scattered site units is above 80%.
III.B.2.c.i(B)	It is the intent of the parties that approximately 60% of persons in the target population receiving scattered-site Supported Housing will reside in a two-bedroom apartment, and that approximately 40% of persons in the target population receiving scattered-site Supported Housing will reside in a one-bedroom apartment. Provided, however, nothing in Section III.B.2.c shall require the State to forego federal funding or federal programs to provide housing for persons in the target population with SPMI.	Compliance	The State is in compliance with this provision. For additional information, please refer to the attached report by Martha Knisley.
III.B.2.c.i(C)	Bridge Funding includes the provision of deposits, household necessities, living expenses, and other supports during the time needed for a person to become eligible and a recipient of federal disability or other supplemental income.	Compliance	The State has complied with this provision. For detailed information, see the attached report by Martha Knisley.
III.B.2.c.ii(A)	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. The Supported Housing required by this provision may be in the form of assistance from the Georgia Department of Community Affairs, the federal Department of Housing and Urban Development, and from any other governmental or private source.	Deferred	The requirements of this provision have not been met but are included in the Extension Agreement. Future Reports will continue to update the status of this work. Please also refer to the attached report by Martha Knisley.

Settlement Agreement Reference	Provision	Rating	Comments
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(B)(5)	By July 1, 2015, the State will provide a total of 2,000 supported housing beds.	Compliance	The State is in compliance with this provision and has exceeded the number of individuals to be served. In FY16, there were 2225 individuals with signed leases or in active search for an apartment.
III.B.2.c.iii(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.iii(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.iii(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.iii(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.c.iii(C)(5)	By July 1, 2015, the State will provide Bridge Funding for 540 individuals with SPMI.	Compliance	The State is in compliance with this provision. Bridge funding was allocated to 960 individuals in FY16.
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.d.iii(E)	By July 1, 2015, the State shall provide Supported Employment services to 550 individuals with SPMI.	Compliance	The State is in compliance with this provision. Supported Employment services have been provided to 1314 individuals in FY16.
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.

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	The State is in compliance with this provision. There have not been institutional transfers in FY16 due to the closure of any State Hospitals.
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	A new cost rate study is underway. It is focused on services for individuals with a developmental disability.
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.

Settlement Agreement Reference	Provision	Rating	Comments
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.	Deferred	In FY15, this provision was rated in Non-Compliance. The requirements of this provision are included in the Extension Agreement and will be reviewed in future Reports.
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. In FY15, six provider contracts were terminated.
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. The Independent Reviewer appreciated the work that went into the preparation of these reports. It is her understanding that the Regional Network Analysis will be discontinued in its current form.
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.	Compliance	The State is in compliance with this requirement. Transition specialists and case managers are engaged in transition planning for individuals with challenging behaviors or complex medical conditions.
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 continues to be under review and placements have been limited. Furthermore, as discussed in the Report narrative, preliminary concerns have been identified about the effectiveness of discharge planning for individuals with mental illness and require further examination by the Independent Reviewer and consultation with the Parties.

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 transition process is now centralized. Nonetheless, the requirements of this provision continue to be met.
III.D.3.c	The regional office shall assure that, once identified and selected by the individual, community service boards and/or other community providers shall actively participate in the transition plan (to include the implementation of the plan for transition to the community).	Compliance	In FY16, community providers were actively involved in the transitions that did occur.
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	The State is in compliance with this provision. Once problems are identified, community service boards and/or community providers are held accountable. The requirements of the Extension Agreement will continue to provide oversight of this provision.
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.	Deferred	The Georgia Collaborative ASO is responsible for this function. Delmarva continues to be involved in the work but no longer produces the same reports as in the past. The first annual report from the Georgia Collaborative is scheduled to be released to the Department in September 2016. Therefore, assessment of this provision must be deferred until the anticipated annual report can be reviewed and discussed with the Department.
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, this provision is rated in substantial compliance.
IV.A.2	The system's review shall include the service requirements of this Agreement.	Compliance	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 Office of Accountability and Compliance has been assigned these responsibilities. The Independent Reviewer continues to work with the Director of this Office to examine the collected data and subsequent actions. The Department of Community Health audits community service boards every three years.

Settlement Agreement Reference	Provision	Rating	Comments
IV.A.4	The system's review shall include the network analysis.	Compliance	This provision appears to be satisfied. A network analysis is no longer required.
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 Office of Accountability and Compliance has been assigned these responsibilities. The Independent Reviewer continues to work with the Director of this Office to examine the collected data and subsequent actions. The Department of Community Health audits community service boards every three years.
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 terms of this provision have ended. The State no longer provides these reports to the Independent Reviewer.
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	The State is in compliance with this provision. Additional requirements are enumerated in the Extension Agreement; they will be reviewed in future Reports.

Each of these provisions will continue to be assessed until the State is relieved of its obligations.

The Extension Agreement provisions overlap or complement a number of the original provisions. It is agreed that the Independent Reviewer will examine compliance with each of the new or reiterated provisions in the two Reports filed with the Court each year.

There were seven reporting requirements for the Extension Agreement that were to be completed by July 1, 2016.

These requirements include:

- Provision 6: "Between July 1, 2015 and June 30, 2016, the State shall transition at least 25 individuals with DD from the State Hospitals to the community. The State shall provide COMP waivers to accomplish these transitions."

The deadline for placements was met. There were twenty-five placements from the State Hospital units for individuals with a developmental disability. However, the quality of the placements (i.e., whether they are meeting the needs of those individuals placed) has not been determined. The placements will be reviewed in detail by the Independent Reviewer for her March 2017 Report.

- Provision 14: “The State shall maintain a “High Risk Surveillance List” (the “List”) that includes all individuals with DD who have transitioned from the State Hospitals to the community during the terms of the Settlement Agreement and this Extension Agreement.”

This List has been provided to the Department of Justice and to the Independent Reviewer. Further assessment will be necessary to determine whether the List complies with the specific requirements of the Extension Agreement.

- Provision 16a: “No later than July 1, 2016, the State shall revise and implement the roles and responsibilities of support coordinators, and the State shall oversee and monitor that support coordinators develop individual support plans, monitor the implementation of the plans, recognize the individual’s needs and risks (if any), promote community integration, and respond by referring, directly linking, or advocating for resources to assist the individual in gaining access to needed services and supports.”

This deadline was not met. Although policies and revised protocols have been published, training on these requirements was not completed until the end of July 2016. As a result, implementation of the revised roles could not be confirmed.

- Provision 16b: “ No later than July 1, 2016, the State shall require all support coordinators to use a uniform tool that covers, at a minimum, the following areas: environment (i.e., accessibility, privacy, adequate food and clothing, cleanliness, safety), appearance/health (i.e., changes in health status, recent hospital visits or emergency room visits), supports and services (i.e., provision of services with respect, delivery with fidelity to ISP), behavioral and emotional status (i.e., implementation of BSP, recent crisis calls), community living (i.e., existence of natural supports, services in most integrated setting, participation in community activities, employment opportunities, access to transportation), control of personal finances, and the individual’s satisfaction with current supports and services. The support coordination tool and the guidelines for implementation shall include criteria, responsibilities, and timeframes for referrals and actions to address risks to the individual and obtain needed services or supports for the individual.”

This deadline was not met. The requisite training was not completed. The tool cannot be not be used reliably without knowledge and performance-based

competency training. In addition, the sufficiency of the tool, its implementation and its effect on risk-assessment and the assurance of needed services remain to be determined.

- Provision 19: “The State shall create a minimum of 100 NOW waivers and 100 COMP waivers between July 1, 2015 and July 1, 2016.”

This deadline was met. The effect of these waivers will be assessed in future Reports by the Independent Reviewer and her consultants.

- Provision 32: “By June 30, 2016, the State shall provide Bridge Funding for at least an additional 300 individuals in the Target Population.”

This State’s compliance was both timely and exceeded the numerical obligation to support individuals with serious and persistent mental illness.

- Provision 34: “By June 30, 2016, The State shall provide GHVP vouchers for an additional 358 individuals in the Target Population.

The State’s compliance was both timely and exceeded the numerical obligation to support individuals with serious and persistent mental illness.

DISCUSSION OF SELECTED COMPLIANCE FINDINGS

Findings related to the outstanding provisions of the Settlement Agreement are summarized in the narrative below.

As referenced earlier in this Report, the provisions of the Extension Agreement that were not due by July 1, 2016 will be reviewed and discussed in the Independent Reviewer’s next report, anticipated to be filed with the Court in March 2017.

However, a summary of the findings from a review of a sample of twenty individuals with a developmental disability, who transitioned from State Hospitals over the course of the Settlement Agreement, is included in order to establish a baseline of the support system’s functioning at this time. These findings will be elaborated on in future reports.

The attached reports from the Independent Reviewer’s consultants provide more detailed descriptions of the State’s implementation of the provisions regarding Supported Housing, Supported Employment, Crisis Services and Assertive Community Treatment (ACT). These reports also offer recommendations to be considered by the State and reviewed with the Department of Justice. A summary of the Year Six Recommendations is included at the end of this Report.

Overall Methodology

The fact-finding methods used by the Independent Reviewer have been consistent throughout the course of the Settlement Agreement. They are not expected to change in any substantive manner over the next two years.²

During site visits to the State, the Independent Reviewer and her consultants met repeatedly with the leadership and staff of the Department. Requests for meetings and follow-up discussions were responded to promptly in a cordial manner. In general, staff were prepared for discussions and provided the necessary information.

It was not uncommon for the Commissioner to spontaneously join in meetings at the Department. Both he and the Chief of Staff were reachable by telephone and email, as needed, and frequently contacted the Independent Reviewer to update her on an issue or to respond in more detail to an inquiry. The accessibility of the Department's leadership has been instrumental in the verification of facts and the implementation of the Independent Reviewer's responsibilities.

The Director of Settlement Services expeditiously handled all requests for interviews and meetings. She and her Assistant ensured that documents were available for review. The Independent Reviewer and all of her consultants express their genuine appreciation for this support.

The sources of information used by the Independent Reviewer and her consultants were numerous and varied:

- Numerous site visits were conducted, in all Regions of the State, throughout the year to provider agencies, residential and day program settings, and State Hospitals. This year, increased attention was paid to include site visits to shelters and to the streets where members of the target population who are homeless could be located. In addition, site visits were completed in State Hospital and community residential settings for individuals with a forensic status. Visits also were made to two jails, one rural and one urban, to discuss the resources available to individuals with a serious mental illness upon discharge.
- Numerous documents were developed by the Department and provided to the Independent Reviewer and her consultants. The summary data documents disseminated at the end of the Fiscal Year were especially important to the analysis of compliance. Data were discussed in meetings with the Department staff responsible for data collection and oversight.

² A proposal and budget for future monitoring have been shared with the Parties and will be finalized by September 20, 2016.

- In late June 2016, three statewide meetings were held to review the implementation of Supported Employment and Assertive Community Treatment. The findings from these meetings are included in the attached consultant reports assessing the Department's performance on the State Health Authority Yardstick (SHAY).
- The State Health Authority Yardstick (SHAY) performance measures were completed for the fifth time. These measures document the strengthening of Assertive Community Treatment (ACT) and Supported Employment over the course of the Agreement. They confirm the growth, and continuing vulnerabilities, of the system.
- Interviews and site visits, as appropriate, included both professionals and advocates who are stakeholders in Georgia's community-based system but not directly responsible for its implementation of supports. These invaluable resources included federal officials and members of cabinet agencies at the State level; members of the Amici; legal advocates; Sheriffs; community activists; and concerned citizens.
- As much as possible, efforts were made to meet with and interview the individuals with a mental illness and/or a developmental disability who are the true focus of the Settlement Agreement. The experiences, thoughts and aspirations shared by the members of the target population enriched our work and helped shape its course.

Copies of all Monitoring Questionnaires and consultant reports relied on for this Report have been provided to the Department of Behavioral Health and Developmental Disabilities and to the Department of Justice.

The overall findings for this Report were shared with the Department of Behavioral Health and Developmental Disabilities in debriefing sessions held at the time of the actual fact-finding.

Finally, on August 15, 2016, as required, a copy of this draft Report was shared with the Parties. All comments and questions were carefully considered and changes were made, as necessary, to clarify findings or to update factual information.

Provisions Related to Individuals with a Developmental Disability

The work completed for this Report regarding community-based supports for individuals with a developmental disability was influenced by the Parties' agreement to extend certain provisions for an additional two-year period.

Although site visit reviews continued to be conducted throughout the Fiscal Year, as documented in the Independent Reviewer's Supplemental Report filed in June 2016, there was significant attention directed to learning more about the structural realignment of the Department and its plans for future implementation of supports, as required by the Extension Agreement.

For example, staff from the Department requested guidance from the Independent Reviewer's consultants on transition and placement planning for individuals in the State Hospitals who were medically complex or behaviorally challenging. These consultations were conducted for five individuals. In addition, one of the Independent Reviewer's consultants, a Board-Certified Behavior Analyst, met with key staff at the Department to present his recommendations for strengthening behavioral supports in both community and State Hospital settings. The invitation to provide consultation has been welcomed and is an illustration of the collaboration occurring as part of the systemic reform.

In order to establish a baseline prior to the full implementation and monitoring of the Extension Agreement, in consultation with a researcher at Virginia Commonwealth University, a sample of fifty-eight individuals with a developmental disability was randomly selected for review. Each of these individuals was transitioned from a State Hospital to community-based supports during the six years of the Settlement Agreement.³

Twenty individuals (34%) in the random sample were reviewed between June and early August 2016.⁴ The monitoring questionnaires completed during these reviews have been shared with the Parties. It is cautioned that this was a limited set of reviews and that the findings will need to be incorporated with the results from additional monitoring efforts.

Major findings from these individual reviews include:

a) Opportunities for integration with non-disabled individuals

- The vast majority of the community residences and host homes are in typical neighborhoods with convenient access to shopping, churches and recreational options.⁵ The host homes appear especially comfortable.

³ Five of these individuals were placed in FY16 and will be reviewed further.

⁴ The Independent Reviewer's consulting Behavior Analyst reviewed four additional individuals. Since this number is insufficient to draw conclusions, these reviews will be carried over and updated for the next Report.

⁵ An exception to this statement is a duplex previously cited by the Independent Reviewer. It actually has a nurses' station and, although staff claim the units are separate, there are four individuals in each unit of the duplex.

- Individuals have privacy when desired. All of the men and women in the sample had their own bedroom.
- The majority of the individuals (70%) know their neighbors.
- All individuals have community-based experiences on a consistent weekly basis. However, most (84%) go out in a group with housemates and staff.
- There are no problems with transportation.
- The opportunity to attend religious services is present for 80% of the individuals in the sample.
- Most of the individuals (70%) do not belong to any community clubs or organizations.
- Many individuals participate in grocery shopping (68%) and most (90%) participate in shopping for their own clothes.

The community settings now experienced by the individuals in the sample are potentially valuable opportunities for integration but the extent to which that actually occurs is less clear and requires more precise measurement.

b) Ability to exercise choice

- It was difficult to determine whether an individual actually exercised choice in activities of daily living. The majority of individuals reviewed (60%) did not communicate by spoken language. It was documented that no one (0%) chose their housemates; two people (20%) chose their homes and three individuals (15%) chose their activities.

c) Access to health care

- All of the individuals (100%) in the sample had documentation of an annual physical exam. However, the review of individual health plans documented that there was a failure to meet professional standards for health care interventions for three individuals (15%); serious health care needs were not met for four individuals (20%); and there was a failure to meet professional standards for nursing care for three individuals (21%).

For example, one individual was ordered by the Primary Care Physician to have physical therapy in order to increase strength and improve mobility. There was no evidence that this therapy was attempted.

In a second example, the nurse failed to follow-up on the dentist's request for hospitalization of the individual so that essential treatment could be completed under sedation.

In a third example, there was the failure to properly reconcile medications and to check them against physician orders. This lapse in professional judgment put individuals at risk of receiving the wrong medication.

The Department is requested by the Independent Reviewer to investigate each of these situations and to implement remedial actions, as warranted. The Department should provide a written response to each of the Independent Reviewer's negative findings in order to ensure that deficiencies have been investigated, corrected and monitored to eliminate any risk of harm.

d) The lack of informed consent for psychotropic medications continues to be a serious concern. This failure to comply with expected standards was first raised in the Independent Reviewer's 2011 Annual Report.

- Virtually half (50%) of the individuals reviewed were observed by the Independent Reviewer's nurse consultant to lack the cognitive ability to consent to these powerful drugs. Yet, in each of these cases, documentation was present that indicated, by a mark, the individual's agreement. Frequently, the individual's "mark" was witnessed by the staff's, psychiatrist's or physician's signature.

Although it is the community prescribing physician's responsibility to obtain informed consent, it is again strongly urged that the Department take prompt action to monitor this serious matter and determine how these unacceptable practices can be eliminated in a responsible manner.

e) Provision of adaptive equipment

The Department was advised of two individuals who were not provided with essential pieces of adaptive equipment.

- One individual has lacked a footrest for her wheelchair for over a month. A second individual's wheelchair lacked a feeding pole clamp; the back of his shower chair is loose; and he requires a raised toilet seat with handles.

There was no evidence in either case that action had been initiated to address these significant problems.

The Independent Reviewer expects that a number of the deficiencies cited above will be identified and addressed as the provisions of the Extension Agreement are implemented.

Discussions were held in late August 2016 with the Department staff responsible for the High Risk Surveillance List and for the database tracking corrective actions at the provider level. These discussions are scheduled to continue on a regularly scheduled basis.

It is critical that the Department create a proactive system that ensures health, safety, welfare and developmental growth for each individual in the target population.

Compliance with the Extension Agreement's provisions regarding Support Coordination will help with the strengthening of oversight capacity in the community system of supports.

In the meantime, it is recommended that the Department review each of the twenty individual reviews completed for this Report and inform the Independent Reviewer and the Department of Justice as to the status of each negative finding. It is requested that the Department complete this work in time for the completion of the Independent Reviewer's next Report.

The aggregate findings from the individual reviews are presented below. The Monitoring Questionnaire designed for these reviews is under further examination. By September 30, 2016, a revised Questionnaire will be completed for the Parties' discussion. This revision will provide additional focus on the provisions of the Extension to the Settlement Agreement.

Please note that the findings from this sample of twenty individuals have been discussed with the Department in the context of the other reviews completed under the Settlement Agreement. It has been important to draw comparisons across the system as a whole. The conclusions from one individual review may be applicable to numerous other individuals in the target population.

For example, it was recommended that one individual in this recent sample could benefit from a comprehensive speech and language assessment that focuses on determining what type of communication device would enable her to better express her needs and interests.

This same recommendation should be explored for the other seventeen individuals in the sample who lacked spoken language. None of them had assistive communication devices.

**AGGREGATE FINDINGS FROM INDIVIDUAL REVIEWS
AUGUST 2016**

Demographic Information

Sex	n	%
Male	14	70.0%
Female	6	30.0%

Age range	n	%
21 to 30	2	10.0%
31 to 40	4	20.0%
41 to 50	3	15.0%
51 to 60	5	25.0%
61 to 70	6	30.0%
71 to 80	0	0.0%
81 to 90	0	0.0%

Level of mobility	n	%
Ambulatory without support	10	50.0%
Uses wheelchair	7	35.0%
Ambulatory with support	3	15.0%
Confined to bed	0	0.0%

Highest Level of Communication	n	%
Spoken language, fully articulates without assistance	3	15.0%
Limited spoken language, needs some staff support	5	25.0%
Communication device	0	0.0%
Gestures- grabs	8	40.0%
Vocalizations	4	20.0%
Facial Expressions	0	0.0%
Other	0	0.0%

Individual Interview Items					
No.	Item	N	Y	N	CND
18	Does the person require staff support to answer interview questions?	20	90.0%	10.0%	0.0%
19	Does the person choose to proceed with interview questions?	20	15.0%	0.0%	85.0%
20	Did you choose where you live?	20	10.0%	5.0%	85.0%
21	Do you like your home?	20	15.0%	0.0%	85.0%
22	Would you rather live somewhere else?	20	10.0%	5.0%	85.0%
23	Did you choose your housemate(s)?	19	0.0%	10.5%	89.5%
24	Would you rather live with someone else?	20	10.0%	0.0%	90.0%
25	Is your home located near community resources (i.e. shopping, recreational sites, churches, etc.?)	20	100.0%	0.0%	0.0%
26	Do you have your own bedroom?	20	100.0%	0.0%	0.0%
27	Do you have privacy in your home if you want it?	20	100.0%	0.0%	0.0%
28	Do you have a key to your home?	20	30.0%	70.0%	0.0%
29	Have you met your neighbors?	20	70.0%	30.0%	0.0%
30	Do you choose your activities?	20	15.0%	0.0%	85.0%
31	Within the last quarter, have you participated in community outings on a consistent weekly basis?	20	100.0%	0.0%	0.0%
32	Do you go out <u>primarily</u> with your housemates as a group?	19	84.2%	15.8%	0.0%
34	Do you have problems with transportation?	20	0.0%	100.0%	0.0%
35	Do you have the opportunity to attend a church / synagogue / mosque or other religious activity of your choice?	20	80.0%	20.0%	0.0%
36	Do you belong to any community clubs or organizations?	20	30.0%	70.0%	0.0%
37	Are you registered to vote?	20	15.0%	85.0%	0.0%
38	If no, would you like to register to vote?	17	0.0%	5.9%	94.1%
39	Do you participate in grocery shopping?	19	68.4%	31.6%	0.0%
40	Do you participate in opening your mail?	20	60.0%	40.0%	0.0%
41	Do you participate in buying your clothes?	20	90.0%	10.0%	0.0%
42	Do you participate in your banking?	20	40.0%	60.0%	0.0%
43	Do you answer the doorbell when it rings?	20	10.0%	90.0%	0.0%
44	Do you answer the phone when it rings?	20	5.0%	95.0%	0.0%
45	Did you choose your job or day program?	20	15.0%	0.0%	85.0%
46	Would you rather do something different during the day?	20	10.0%	5.0%	85.0%
47	Is there something else you'd like to tell me about yourself and what is important to you?	20	5.0%	10.0%	85.0%

Environmental Items					
No.	Item	n	Y	N	CND
48	Is the individual's residence clean?	20	95.0%	5.0%	0.0%
49	Are food and supplies adequate?	20	100.0%	0.0%	0.0%
50	Does the individual appear well kempt?	20	95.0%	5.0%	0.0%
51	Is the residence free of any safety issues?	20	100.0%	0.0%	0.0%

Healthcare Items					
No.	Item	N	Y	N	CND
52	If ordered by a physician, was there a current physical therapy assessment?	9	88.9%	0.0%	11.1%
53	If ordered by a physician, was there a current occupational therapy assessment?	6	83.3%	0.0%	16.7%
54	If ordered by a physician, was there a current psychological assessment?	12	83.3%	16.7%	0.0%
55	If ordered by a physician, was there a current speech and language assessment?	9	66.7%	33.3%	0.0%
56	If ordered by a physician, was there a current nutritional assessment?	15	80.0%	13.3%	6.7%
57	Were any other relevant medical/clinical evaluations or assessments recommended?	20	90.0%	10.0%	0.0%
58	Are there needed assessments that were not recommended?	20	25.0%	75.0%	0.0%
59	Are clinical therapy recommendations (OT, PT, S/L, psychology, nutrition) implemented or is staff actively engaged in scheduling appointments?				
	a. OT (1 pending)	1	100.0%	0.0%	0.0%
	b. PT (2 pending)	2	50.0%	50.0%	0.0%
	c. Speech/Language (5 pending)	2	50.0%	50.0%	0.0%
	d. Psychology (1 pending)	8	100.0%	0.0%	0.0%
	e. Nutrition (2 pending)	16	100.0%	0.0%	0.0%
	f. Other	1	100.0%	0.0%	0.0%
60	Did the individual have a physical examination within the last 12 months or is there a variance approved by the physician?	20	100.0%	0.0%	0.0%
61	Did the individual have a dental examination within the last 12 months or is there a variance approved by the dentist?	20	85.0%	10.0%	5.0%
62	Were the dentist's recommendations implemented within the time frame recommended by the dentist?	18	72.2%	22.2%	5.6%
63	Were the Primary Care Physician's (PCP's) recommendations addressed/implemented within the time frame recommended by the PCP?	20	85.0%	15.0%	0.0%

Healthcare Items					
No.	Item	N	Y	N	CND
64	Were the medical specialist's recommendations addressed/implemented within the time frame recommended by the medical specialist?	19	84.2%	15.8%	0.0%
65	Is lab work completed as ordered by the physician?	20	95.0%	0.0%	5.0%
67	Are physician ordered diagnostic consults completed as ordered within the time frame recommended by the physician?	18	94.4%	5.6%	0.0%
69	Does the provider monitor fluid intake, if applicable per the physician's orders?	12	100.0%	0.0%	0.0%
70	Does the provider monitor food intake, if applicable per the physician's orders?	14	100.0%	0.0%	0.0%
71	Does the provider monitor tube feedings, if applicable per the physician's orders?	5	100.0%	0.0%	0.0%
72	Does the provider monitor seizures, if applicable per the physician's orders?	11	100.0%	0.0%	0.0%
73	Does the provider monitor weight fluctuations, if applicable per the physician's orders?	19	100.0%	0.0%	0.0%
74	Does the provider monitor positioning protocols, if applicable per the physician's orders?	9	100.0%	0.0%	0.0%
75	Does the provider monitor bowel movements, if applicable per the physician's orders?	20	100.0%	0.0%	0.0%
76	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of fluid intake?	7	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	5	100.0%	0.0%	0.0%
77	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of food intake?	13	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	9	100.0%	0.0%	0.0%
78	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of tube feeding?	5	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	5	100.0%	0.0%	0.0%
79	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of seizures?	11	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	8	100.0%	0.0%	0.0%
80	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of weight fluctuations?	18	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	15	93.3%	6.7%	0.0%

Healthcare Items					
No.	Item	N	Y	N	CND
81	If applicable, is there documentation that caregivers/clinicians:				
	a. Did a review of bowel movements?	19	100.0%	0.0%	0.0%
	b. Made necessary changes, as appropriate?	15	100.0%	0.0%	0.0%
82	Is there evidence of a nourishing and healthy diet?	19	94.7%	0.0%	5.3%
83	If applicable, is the dining plan followed?	13	84.6%	0.0%	15.4%
84	If applicable, is the positioning plan followed?	10	100.0%	0.0%	0.0%
85	In your professional judgment as a Registered Nurse: Are the individual's serious physical health care needs met?	20	80.0%	20.0%	0.0%
86	Are the health care interventions consistent with professional standards of care?	20	85.0%	15.0%	0.0%
87	Does nursing care meet professional standards?	19	73.7%	21.1%	5.3%
88	Are medications consistently stored, administered, and accounted for in accordance with the licensing regulations for the state in which the individual resides?	20	90.0%	5.0%	5.0%
89	Was the prescribed medication available according to the physician orders?	20	95.0%	5.0%	0.0%
90	Did the nurse administer medication with privacy?	20	0.0%	0.0%	100.0%
91	Did the nurse pre-pour medication?	20	0.0%	0.0%	100.0%
92	Were the medications administered in sanitary conditions?	20	0.0%	0.0%	100.0%
93	Does this individual receive psychotropic medication?	20	60.0%	40.0%	0.0%
95	Is there documentation of the intended effects and side effects of the medication?	12	100.0%	0.0%	0.0%
96	Is there documentation that the individual and/or a legal guardian/surrogate decision-maker has given informed consent for the use of psychotropic medication(s)?	12	50.0%	50.0%	0.0%
97	Did the individual undergo a formal psychiatric assessment?	12	83.3%	0.0%	16.7%
98	Has a licensed, board-certified psychiatrist made all decisions as to:				
	a. whether the individual has an Axis I mental disorder;	12	91.7%	0.0%	8.3%
	b. whether individual is likely to benefit from taking psychotropic medication;	12	83.3%	16.7%	0.0%
	c. the prescription, administration, monitoring and oversight of such medication(s)?	12	91.7%	0.0%	8.3%

Healthcare Items					
No.	Item	N	Y	N	CND
99	Did the psychiatrist conducting reviews include: a. an assessment of response to medications; b. a mental and behavioral status review (i.e. review of behavioral data); c. any change in functioning; d. medication review for side effects/adverse reactions; e. changing only one medication at a time unless clear clinical rationale to do otherwise is documented?	12 12 12 12 10	91.7% 91.7% 91.7% 91.7% 90.0%	8.3% 8.3% 8.3% 8.3% 0.0%	0.0% 0.0% 0.0% 0.0% 10.0%
100	Does the individual's nurse or psychiatrist conduct monitoring as indicated for the potential development of tardive dyskinesia using a standardized tool (e.g. AIMS) at baseline and at least every 6 months thereafter)?	12	100.0%	0.0%	0.0%
101	Do the individual's clinical professionals conduct monitoring for digestive disorders that are often side effects of psychotropic medication(s), e.g., constipation, GERD, hydration issues, etc.?	12	100.0%	0.0%	0.0%
102	Do the individual's behavioral consultant, residential and/or day providers, and/or family document and provide information regarding any changes in behavior and/or health to the prescribing psychiatrist that assists the psychiatrist in: a. assessing the effectiveness of the medication; b. assessing the individual's response to the medication; c. assessing any suspected side effects?	12 12 12	91.7% 91.7% 91.7%	0.0% 0.0% 0.0%	8.3% 8.3% 8.3%
103	Were behavior data collected and considered prior to determining that psychotropic medication(s) was the least intrusive to address the individual's specific behavior(s) and prior to authorizing the use of psychotropic medication(s)?	12	66.7%	0.0%	33.3%
104	Is there any evidence of administering excessive or unnecessary medication(s)?	20	10.0%	80.0%	10.0%

In addition to the completion of the individual reviews, the Independent Reviewer has continued to track the number of individuals who remain in Crisis Respite Homes for more than thirty days. Information provided by the Department documents that fourteen individuals are in these circumstances.

The length of stay ranges from two years (individual was homeless and was to be released from jail to the streets) to ten months (the individual's previous placement was not successful; two providers terminated services; and the individual was exhibiting disruptive or aggressive behavior).

There has been no placement identified for six individuals (43%). The remaining individuals are in various stages of relocation to other provider agencies.

The status of these individuals will be reviewed again for the Independent Reviewer's next Report.

Provisions Related to Individuals with a Serious and Persistent Mental Illness

The Independent Reviewer and her subject matter consultants examined three primary components of the mental health system designed and implemented under the terms of the Settlement Agreement. The findings from these programmatic reviews are summarized below.

Each of the consultants' reports has been attached for submission to the Court.

1) Access to Supported Housing

Unquestionably, one of the most critical elements for recovery from serious mental illness is the opportunity to have safe and stable housing with supports, based on the individual's informed choice.

The Department's successful implementation of its Housing Voucher and Bridge Funding programs and its development of productive and collaborative relationships with Federal and State housing agencies has enabled 2,225 adults with serious and persistent mental illness to transition to housing with individualized supports.

This important set of accomplishments has been consistent over the course of the Settlement Agreement. In each year, the requirements of the Settlement Agreement regarding Housing Vouchers and Bridge Funding have been exceeded.

The primary focus of attention now must shift to two areas of implementation that are essential for sustainability and full compliance with the provisions of the Extension Agreement. These two areas require attention with a clear sense of urgency.

The first concern is that the Housing Needs and Choice Evaluation underway in the Department must be redesigned promptly to ensure that all members of the target population who need and choose supported housing are identified and have access to it in a reasonable timeframe. Recommendations for the restructuring of the Housing Needs and Choice Evaluation were shared with the Department's leadership in July 2016.

Secondly, the report of the Independent Reviewer's housing consultant clearly documents that individuals exiting State Hospitals, or hospitals under contract with the Department, as well as those being discharged from jails and prisons or those who are homeless, are less likely to be afforded the option of supported housing in a timely manner. She cites several dimensions to this problem, including the rigid protocols for enrolling in services with a provider and the failure to implement a true "housing first" model. As a result:

"... individuals in the Target Population sub-populations, including individuals exiting jails, prisons, and hospitals are not all being assessed for need. The procedures do not provide informed choice made in a timely manner resulting in individuals not being engaged sufficiently to be referred to Supported Housing...The number of individuals being discharged from State Hospitals, who would choose Supported Housing, if all the processes are in place and being carried out effectively, should be between 20-30%, not less than 2%." (Knisley Report, page 15.)

The report of the Independent Reviewer's consultant who evaluated discharge practices from a representative State Hospital (Georgia Regional Hospital Atlanta) confirms these findings. The review of discharges in the Third and Fourth Quarters of this Fiscal Year documented that individuals who were homeless at the time of admission or readmission were not connected to housing options early enough in their hospitalization. As a result, they were not assisted to have meaningful informed choice and to initiate trusting relationships with staff, who then could help them establish critical housing and clinical connections in a community setting.⁶ The repeated pattern of discharges to shelters, including one documented as environmentally unacceptable and known to be a risk for communicable diseases, is not consistent with the obligations under the Settlement Agreement.

An additional key finding of the review of discharges was that individuals who clearly meet the criteria for Assertive Community Treatment (ACT) are not being referred in a timely and effective manner prior to discharge. Often, the referral comes at the time of discharge and the individual does not want to stay in the

⁶ Although the Department now requires that its Medical Director approve any discharge to a shelter and that three other housing options be offered, hospitalized individuals may refuse these options. They may not trust these options or may believe that they will delay discharge. The recommendations in this Report are aware of these complications and are designed to help remove these barriers.

hospital any longer. In other instances, there is insufficient time allowed for the initial establishment of a trusting relationship between the ACT Team staff member and the hospitalized individual. As a result, the individual rejects the assistance of the ACT Team.

There is sufficient knowledge in the field about strategies that can address the above concerns. The Independent Reviewer and her consultants have offered several suggestions to the Department and are willing to be of assistance in any way possible.

The findings and recommendations contained in the attached reports by Dr. Beth Gouse and Martha Knisley are incorporated by reference here. The Independent Reviewer expects the State to address their findings and recommendations in future meetings.

2) Assertive Community Treatment (ACT)

The Independent Reviewer's consultant on Assertive Community Treatment (ACT) confirmed that the twenty-two ACT Teams implemented under the Settlement Agreement continue to meet fidelity standards of the Dartmouth Assertive Community Treatment model.

However, as documented in the reports referenced above, individuals who meet the criteria for ACT are not being linked to these critical supports. Concerted action is required to ensure that protocols and practices are examined and redesigned so these supports can be provided in a timely and effective manner to each member of the target population who needs them.

In three statewide meetings with ACT Team providers, Dr. Rollins reviewed their experiences and their apprehensions about the future sustainability of funding. These concerns about financing were reported to the Department in a meeting held on June 29, 2016. In that meeting and in a meeting with both the Department of Justice and the Independent Reviewer, the Department's leadership stated that it did not intend to move to a fee for service funding model for "safety net" services at this time and would clarify their position with providers.

At the end of this sixth year, the final assessment of Assertive Community Treatment was completed using the State Health Authority Yardstick (SHAY). The score from this assessment (4.27) was positive, although lower than that of the previous year (4.40).

As illustrated below, the administration of the SHAY over the length of the Settlement Agreement is clear evidence of the system's evolution over time. However, this analysis must be correlated with the concerns documented about the failure to connect individuals who meet the ACT criteria to the actual supports provided by these teams. This finding necessitates ongoing review.

	2012	2013	2014	2015	2016
1. EBP Plan	3	5	5	5	5
2. Financing: Adequacy	5	5	3	4	3
3. Financing: Start-up and Conversion Costs	3	5	5	5	5
4. Training: Ongoing Consultation & Technical Support	2	4	4	4	5
5. Training: Quality	3	4	4	4	4
6. Training: Infrastructure / Sustainability	1	4	4	4	4
7. Training: Penetration	4	5	5	5	5
8. SMHA Leadership: Commissioner Level	5	5	5	5	5
9. SMHA Leadership: EBP Leader	3	5	5	5	4
10. Policy and Regulations: Non-SMHA	3	4	4	4	4
11. Policy and Regulations: SMHA	2	5	5	5	4
12. Policy and Regulations: SMHA EBP Program Standards	3	5	4	4	4
13. Quality Improvement: Fidelity Assessment	1	4	4	4	4
14. Quality Improvement: Client Outcome	1	4	4	4	4
15. Stakeholders: Aver. Score (Consumer, Family, Provider)	4	4	4	4	4
SHAY average = average over all 15 items	3.58	4.53	4.33	4.40	4.27

3) Supported Employment

In late June 2016, the Independent Reviewer's consultant conducted a review of the final provision in the Settlement Agreement regarding Supported Employment. There was reliance on data supplied by the Department as well as statewide meetings with providers of Supported Employment services.

He confirmed that the State exceeded its obligation by providing Supported Employment services to 1,314 individuals with serious and persistent mental illness. Based on the data provided, 48.5 % of these individuals are employed.⁷ This is a reasonable and appropriate rate in the field of Supported Employment. In addition, the completion of the State Health Authority Yardstick (SHAY) evidenced a continuing positive trend. The final Summary score (4.6) duplicated the results from last year. The Summary scores have risen steadily over the years, with the initial score being 2.9.

⁷ The Department reported that the average hourly wage was \$8.66.

As discussed in the above section concerning Assertive Community Treatment (ACT), providers of Supported Employment Services raised concerns, in three statewide meetings, about future funding and its impact on sustainability. These concerns were relayed to the Department's leadership.

As indicated in the chart below, there are a number of strengths in the current system, including training and leadership. The Department's engagement of a trainer from the Institute on Human Development and Disability at the University of Georgia has been commended by the provider agencies.

However, field work and data analysis also pointed to areas of concern, including:

- Inconsistencies and turn over in the relationships with Vocational Rehabilitation counselors;
- Excessive paperwork;
- Insufficient funding for transportation in rural parts of the State; and
- Apprehension about sustainability of efforts.

These concerns are discussed in the attached report by David Lynde and are incorporated by reference here.

The primary recommendation made to assist with the sustainability of Supported Employment is that the Department develop and circulate a comprehensive plan describing its expectations for Supported Employment services in the post-Settlement Agreement period. It is believed that such a document would provide reassurance about the continuation of these important supports and would provide direction for the provider agencies responsible for their effective delivery.

SHAY Item	2012 score	2013 score	2014 score	2015 score	2016 score
1. EBP Plan	4	5	5	5	5
2. Financing: Adequacy	3	3	3	3	3
3. Financing: Start-up and Conversion Costs	1	2	3	3	3
4. Training: Ongoing Consultation & Technical Support	2	4	4	5	5
5. Training: Quality	3	4	4	5	5
6. Training: Infrastructure / Sustainability	3	4	5	5	5
7. Training: Penetration	1	5	5	5	5
8. SMHA Leadership: Commissioner Level	4	5	5	5	5
9. SMHA Leadership: EBP Leader	3	5	5	5	5
10. Policy and Regulations: Non-SMHA	2	3	4	5	5
11. Policy and Regulations: SMHA	4	4	4	4	4
12. Policy and Regulations: SMHA EBP Program Standards	3	5	5	5	5
13. Quality Improvement: Fidelity Assessment	3	4	5	5	5
14. Quality Improvement: Client Outcome	3	3	4	4	4
15. Stakeholders: Average Score (Consumer, Family, Provider)	4	5	5	5	5
Total SHAY Score	43	61	66	69	69
Average SHAY Item Score	2.9	4.0	4.4	4.6	4.6

4) Crisis Services

The Independent Reviewer's consultant, Steve Baron, reviewed the data provided by the Department, conducted a site visit to Georgia Crisis and Access Line (GCAL) and interviewed Department staff, including the Director of Crisis Coordination.

As a result, he has confirmed that the Department has complied with its obligations for crisis services (mental health) by establishing a Crisis Call Center, crisis apartments, Crisis Service Centers and mobile crisis teams. The requirements for each of these components of crisis services were found to be consistent with those contained in the language of the Settlement Agreement.

The consultant has observed that the crisis apartments may be underutilized. He recommends that the staffing requirements specified in the Settlement Agreement be examined. The use of paraprofessional staff may be less than adequate for a true divergent program.

The utilization of the crisis apartments will be reviewed again for the Independent Reviewer's March report to the Court. It will be important to determine whether they are effective in diverting individuals with serious and persistent mental illness from more restrictive interventions.

Concluding Comments

The work completed for this Report confirms the major accomplishments that have been achieved in the strengthening of the system of supports for adults with a serious and persistent mental illness.

The requirements for Supported Employment and Crisis Services were implemented as described in the Settlement Agreement. The number of individuals receiving Supported Employment services has exceeded the State's obligation. The essential components of a crisis intervention system are present. However, utilization and effectiveness of the crisis apartments merits further analysis by the Department.

The use of the State Health Authority Yardstick (SHAY) to measure adherence to Evidence-Based practices on a systemic level has confirmed that the State's provision of Assertive Community Treatment (ACT) and Supported Employment has evolved with a positive trend over the last six years. Reports from the Independent Reviewer's consultants document issues that require attention from the Department in order to ensure that programs meet expectations and are accessible to all members of the target population who need or desire these supports. It is clear that there are individuals who meet ACT criteria who are not referred prior to discharge from hospitalization.

The Georgia Housing Voucher Program and its resources for Bridge Funding have enabled 2,225 individuals with serious and persistent mental illness to obtain housing of their own choice or to be actively involved in seeking it.

The opportunity to experience safe and stable housing with individualized supports is a major cornerstone for recovery from mental illness.

It is now imperative that the State re-aligns its plans to assess the need for Supported Housing. There is clear evidence that the most vulnerable individuals in the target population are not given sufficient time or assistance to make an informed choice about their housing preferences. As a result, questionable discharges to shelters continue to be documented by the Independent Reviewer and

her consultants. Furthermore, review of the housing data indicates that individuals confined to hospitals, forensic units, jails and prisons, when ready for discharge, are underrepresented in access to Supported Housing resources.

The findings regarding access to Supported Housing require further detailed discussion so that the obligations in the Extension Agreement can proceed in a timely and sustainable manner and so that all members of the target population can benefit, as desired.

There have been promising examples of positive change in the transitions of individuals with an intellectual/developmental disability from State Hospitals to more integrated settings. Further review in future Reports will provide greater illustration of the strengths and weaknesses of the emerging system. The provisions in the Extension Agreement are expected to address a number of the weaknesses in the current delivery of community-based supports for individuals with a developmental disability.

The work of the Independent Reviewer and her consultants depends heavily on the collaboration and thoughtful insight of the stakeholders in the Settlement Agreement's implementation. These generous contributions of knowledge and experience are acknowledged with appreciation.

_____/s/_____

Elizabeth Jones, Independent Reviewer
September 19, 2016

RECOMMENDATIONS

Review of Individuals with an intellectual/developmental disability:

- It is again strongly urged that the Department take prompt action to monitor the lack of informed consent for psychotropic medication and determine how these unacceptable practices can be eliminated in a responsible manner.
- It is recommended that the Department review each of the twenty individual reviews completed for this Report and inform the Independent Reviewer and the Department of Justice as to the status of each negative finding. The Department should provide a written response to each of the Independent Reviewer's negative findings in order to ensure that deficiencies have been investigated, corrected and monitored to eliminate any risk of harm. It is requested that the Department complete this work in time for the completion of the Independent Reviewer's next Report.

Supported Housing:

- GHVP Program: It is recommended that reporting of referral source, housing stability reengagement and turnover use for all rental programs be collected and reported using the same data points and definitions. The Extension Agreement is requiring that a unified referral strategy be adopted across rental programs, making it more feasible to collect and report these data.
- Referral and needs assessment arrangements must be established with all jails, prisons, homeless shelters, Emergency Rooms and for individuals frequently admitted to state hospitals.
- There should be improvements in the needs assessment process to ensure that the process can be done in a timely manner that matches the time the individual is present in the place making the referral, such as an Emergency Room or hospital. For example, a policy with the provider assessment taking 30 days, as reported in the Supplemental Report, is not effective.
- Reliance on PATH to be the primary provider for referrals of individuals in State Hospitals, shelters and other locations should cease. PATH is meant to be providing the "path" into services; early provider engagement is essential.
- There are five components for building capacity listed in the Extension Agreement in each of the next two years. One component, spelling out "the basic requirements for the determination of need" overlaps with implementing procedures that enable individuals with serious and persistent mental illness in the target population to be referred to Supported Housing, if the need is

identified at the time of discharge. It is recommended that all of these requirements be completed as stated with the overlapping requirements being prioritized and combined as a single initiative.

Assertive Community Treatment (ACT):

- The State should address financial sustainability of ACT in several areas:
 - Addressing the new ACT authorization processes, continuing stay criteria, and authorization intervals;
 - Increasing transparent communication with providers about potential changes (or any lack of changes) to ACT contracting using fee-for-service mechanisms;
 - Streamlining the extensive unbillable administrative tasks (e.g., extensive reporting requirements) for ACT that are currently subsidized (directly or indirectly) by state contract funding.
- The State should address growing concerns from teams and other stakeholders about a lack of coordination from psychiatric hospitals, including state-funded hospitals.
- The State should give careful consideration of staff capacity and turnover issues, especially with regard to keeping psychiatrists on teams, and examine the potential to find alternative staffing solutions for sustaining ACT beyond the Settlement Agreement.
- Recovery orientation of ACT should continue to be a focus as it can easily become a lower priority when teams have more fundamental concerns about staying viable.
- The State should continue to focus on complicated clinical situations that may require additional resources or considerations, such as housing and services for consumers with developmental disabilities.
- The State should continue refining and expanding data included in the ACT Effectiveness study format to ensure that the impact of ACT on key outcomes can be measured in a way that allows easy interpretation for policymaking. The sample for the ACT Effectiveness Study should be expanded to include a larger or all-inclusive sample of ACT consumers, preferably via existing data already collected by Beacon or a modification to existing data collection (i.e., not asking ACT providers to report the same data in a different method or format but maximizing existing systems). Additional ACT outcomes might also be considered for this form of data collection and analysis, preferably using current

systems of data collection and reporting rather than adding new collection efforts.

Crisis Services:

- The Department should establish a formal job description for the Director of Crisis Coordination position. The description should include the authority and responsibilities of the position and the Department must make sure that the scope of responsibilities is understood throughout the Department.
- The GCAL job descriptions for the Consultant and Clinician positions were finalized on April 5, 2016. GCAL should ensure that the job descriptions are finalized and should review its procedures to ensure that calls are consistently answered by an actual person, rather than by an answering machine.
- The Department should review the training curriculum for the mobile crisis services to ensure Mobile Crisis staff members have the necessary training and skill as well as expertise in responding to individuals with a substance abuse need.
- While the Department is funding the required number of Crisis Apartments, it needs to develop a mechanism to determine if admissions to the Crisis Apartment are being offered as an alternative to a more restricted level of care. The Department has a strong policy in place for the use of Crisis Apartments and it needs to make sure the service as currently constructed can truly offer crisis services to individuals in need of more intensive services.

State Hospital Discharges:

- Discharge (or transition) planning must be shared by all team members and not be viewed as just a social work responsibility. While the social worker has primary responsibility for putting the plan into action, if discharge planning is a focus from the beginning of admission and incorporated into the recovery plan, the team and individual can jointly address the tasks necessary for a successful outplacement. With the pending roll out of the revised treatment plan form, this is an ideal opportunity to provide training to all staff and encourage ownership of transition planning by all team members.
- In order to increase the likelihood that the transition plan will be effected at discharge, the Hospital should a) initiate referral to ACT, ICM, and PATH earlier during admission to allow for these community-based staff to come to the hospital prior to an individual's discharge, b) make referral to Benefits Outreach Services Unit (BOSU) a standard practice early in the admission since assisting

with application for benefits will enable the individual to access more resources once in the community, and c) help individuals obtain ID earlier in admission and make this a standard practice.

- The use of peer mentors should be expanded in either on unit programming or in community transition activities (e.g., visits to Personal Care Homes or transitional housing, etc.). Given the readmission rate, developing alternative strategies for engaging individuals in transition planning is necessary.
- There should be the development of on-unit programming focused on community reentry/discharge planning, as the majority of individuals do not attend the TLC due to the relatively brief lengths of stay.
- The appropriate use of outpatient civil commitment should be considered, especially for individuals with multiple readmissions for whom more intensive outpatient treatment has not been successful. Consider instituting routine supervisory review of how decisions are made regarding outpatient civil commitment.
- The efficacy of transition planning processes, performed by both inpatient staff as well as community providers, should be evaluated. For example, according to the Settlement Agreement Interim Review dated June 1, 2016, 62% of the Transition Action Plans (TAP) were completed by the provider and 38% of the TAP Reviews were not completed by the provider. Consider conducting more in-depth analysis of TAPs by provider (specific ACT team, ICM, etc.) for individuals discharged to shelters.
- The Department should measure the impact of the recent movement of psychologists from hospitals to communities and the increase in the number of forensic community coordinators on the outplacement of forensic individuals into community settings.

Supported Employment:

- The Department should develop a written transition plan for Supported Employment services as they transition from being monitored by the Agreement to being unmonitored. It is recommended that the Department have a written plan that addresses immediate financing concerns, potential budget changes, the allocation of Supported Employment slots for clients and the ongoing consultation, training and support for Supported Employment services after this section of the Agreement is discharged. This transition plan should also address specific steps being taken in further developing and securing the collaboration between Supported Employment services and the Georgia Vocational Rehabilitation Administration (GVRA).