



Georgia Department of Behavioral Health & Developmental Disabilities

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U.S. Department of Justice - State of Georgia ADA Settlement Agreement and Southwestern State Hospital (Thomasville)

Overview

Consistent with the mission and goals of the Department of Behavioral Health and Developmental Disabilities (DBHDD) to serve individuals as close to home as possible in the least restrictive setting, the department will no longer provide services at Southwestern State Hospital (SWSH). Thus, Southwestern State Hospital in Thomasville, Georgia will close on December 31, 2013.

Settlement Agreement

In 2010, the United States Department of Justice, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Community Health entered into a settlement agreement (the “Agreement”) regarding the administration of services to individuals with developmental disabilities who live in state hospitals, including SWSH. Specifically, the Agreement requires the state to transition these individuals from state hospitals into community-based settings of their choice.

In 2011, Georgia passed legislation to end admissions to state hospitals for anyone whose primary diagnosis is a developmental disability. By ending admissions and continuing to help people with developmental disabilities move into community-based settings, DBHDD can also achieve its goal of transitioning clients from an institutional model to a community-based system of care.

FAQs

Since the Agreement only requires individuals with developmental disabilities who live in state hospitals to transition to community-based settings, why is all of SWSH closing? As individuals successfully transition into the community, state institutions will experience a reduction in census. These reductions in census and revenue require DBHDD to take a hard look at how our resources are being allocated. Thus, in this instance it is cost-prohibitive to continue serving such a small population on a large campus. Other facilities in the state have the capacity to serve SWSH’s current mental health and forensic population.

What does the Agreement do? First, the Agreement requires all individuals with developmental disabilities who currently live in state institutions to be transitioned into a community setting of their choice or their legal guardian’s choice. Second, the Agreement expands community services for adults with mental health needs. Third, the Agreement creates a department-wide Quality Management program with measurable metrics, so DBHDD can evaluate the services provided to the specifically designated populations.

Who are the clients affected by the Agreement? The target population for mental health community services is individuals with serious and persistent mental illness who are currently served in the state hospitals, frequently readmitted to state hospitals, frequently seen in emergency rooms, chronically homeless, and/or being released from jails or prisons. The Agreement also provides additional community services for persons with developmental disabilities who are currently hospitalized in the state hospitals and those who are at risk of hospitalization in the state hospitals.

What will happen to clients with developmental disabilities served in SWSH? DBHDD is currently working with developmental disabilities clients at SWSH and their families or legal guardians to establish an Individualized Service Plan (ISP). The ISP provides clients the most customized care available and the opportunity to live the life of independence they deserve. Clients will move into a community setting of their choice with a maximum of four individuals being served. This setting will allow clients to receive the most customized care available.

What will happen to mental health clients served in SWSH? Mental health clients currently served by SWSH will be served in various facilities located across the region, and those with a higher need will be served in an alternate psychiatric hospital.

What will happen to forensic clients served in SWSH? Clients in the forensic population will be transferred to other state forensic facilities.

What will happen to employees of SWSH? As DBHDD works to increase the number of developmental disability residential group homes, the department will work with contract providers to give the approximately 600 SWSH employees associated with the developmental disabilities unit and support services priority when selecting an applicant for employment. The benefits of hiring a SWSH employee for a residential group home position include continuity of care for clients; peace of mind for families and guardians; knowledge of the clients' individual needs and knowledge of the community and region. DBHDD will also work closely with numerous local, regional and state-based agencies and private agencies to provide services to SWSH employees including workforce training, employment assistance, GED preparation and testing and more.

Why are individuals with developmental disabilities being transitioned from state hospitals into communities? Title II of the Americans with Disabilities Act and other implementing regulations require that the state offer public services to qualified individuals with disabilities. These services shall be provided in the most integrated setting appropriate to meet the needs of individual clients. Community integration and self-determination must be honored to support individuals who are at risk of hospitalization.

How many individuals with developmental disabilities does this affect? The state has set aside sufficient funds for at least 150 individuals with developmental disabilities who currently reside in state hospitals to be transitioned to the community during each year of the Agreement. The total number of potential waivers over the course of the five-year Agreement is 750.

Who ensures the terms of the Agreement are met? The Agreement provides for an Independent Reviewer appointed by the U.S. District Court. Each year, the Independent Reviewer writes an annual

report that details the state's compliance. DBHDD also conducts its own unannounced, onsite visits to ensure quality and compliance.

How many years are left in the five-year Agreement? The state is currently in the third year of the five-year plan.

What will happen to SWSH buildings and facilities when the hospital closes? The State of Georgia acts through its State Properties Commission (SPC) in all real property matters. SPC is the real estate portfolio manager for the state. In this role, SPC is responsible for all acquisitions and dispositions of state-owned real property and real property interests. For additional information and to contact the SPC, please visit gspc.georgia.gov.

Can institutional-type care be delivered in the community? Many individuals with developmental disabilities have been served in residential group homes operated by DBHDD contract providers since long before the State of Georgia entered into the Agreement. Modern medical technology allows individuals with complex clinical needs to be cared for in a community setting, essentially receiving the same level of care delivered in institutions.

Is provider residential group home capacity currently sufficient? DBHDD is working with high quality current and potential providers to increase the available number of residential group homes.

Will DBHDD hold contract providers accountable for quality and safety? DBHDD relies on its partnership with community-based providers across the state to deliver quality services to people with developmental disabilities.

Providers who successfully complete the application process through DBHDD and DCH are then eligible to serve people with developmental disabilities who receive services through Medicaid waivers. Providers must also demonstrate their business acumen to remain viable in the future. Provider requirements include but are not limited to:

- The organization's director must have five years of experience, including two years of supervisory experience;
- Applicants must submit a twelve-month pro forma budget;
- Residential providers must provide a line of credit equal to three months of operating costs. The line of credit ensures that the provider has adequate risk capacity to provide continuity of care should there be a disruption in the funding stream.
- For services that require a license, the provider has six months from the date of the invitation letter to submit the applicable licenses.

