## Update on the U.S. Department of Justice Settlement Agreement with Georgia

Findings from Independent Reviewer Presented by Jewell H Gooding MBA, MA, NCC Executive Director | Mental Health America of Georgia

# Intellectual/Developmental Disability (IDD)

### Status of Transitions of Individuals with DD from State Hospitals

the State to provideservices and supports toindividuals with DD in the community.Substantial gaps in the provision of<br/>andfor individuals with DD who live

in community settings and family homes.

Lack of essential supports contributes to risk of harm, diminishes the development of skills and detracts from the

the State to provide Support Coordination to all Waiver participants. Support Coordination involves developing Individual Support Plans (ISP) that are individualized and person-centered, helping the person gain access to all needed services identified in the ISP, and monitoring the ISP and making changes to it as needed.

Support Coordinators (SC) role is impeded by the limitations in the access to and availability of certain essential services and supports, including behavioral supports.

the State to revise and implement the roles and responsibilities of Support Coordinators. the State to oversee and monitor that Support Coordinators develop

State shall provide support coordinators with access to incident reports, investigation reports, and corrective action plans regarding any individual to whom they are assigned. Support coordinators shall be responsible for reviewing this documentation and addressing any findings of gaps in services or supports to minimize the health and safety risks to the individual

Support Coordination agencies were not able to view Critical Incident Reports (CIRs) entered; Effective operation of the critical incident management system should be evaluated and accessible

State to ensure that Support Coordinators visit each individual at least once per month (or once per quarter for individuals who only receive SE or day services). Intensive Support Coordinators are to visit each individual based on the needs, but at least once per month; for individuals who are not stable, visits are to be at least once per week

Consistent and comprehensive data needed

State shall 13.3 30.8 Tm0 g0 G(St) 340 DINATIGh 613.3 30.8 Tm0 g0

### Individuals with Complex Needs

State to conduct the following oversight and intervention activities for each individual on the High Risk Surveillance List (HRSL) until the State determines the individual is stable and no longer designated as high risk

Need more aggregate data to determine compliance in this area. Work must be assessed on an case by case basis. time and effort is still needed to ensure thoroughness, sufficiency and uniformity in the provision of clinical supports to individuals with complex needs on a systemic basis.

#### Individuals with Complex Needs

The extent to which behavioral supports are still lacking is of considerable concern. The consultant in behavioral analysis found serious shortcomings in his onsite reviews

### **Crisis Services**

the State to provide individuals living in the Orisis Respite (ORH) with additional clinical oversight and intervention per the Statewide Olinical Oversight provisions. the State is required to create a monthly list of individuals in the ORHs for 30 days or longer with data on lengths of stay, reasons for entry to the ORH, and barriers to discharge.

30 of the 39 individuals (77%) currently residing in a CRH have been there for more than 30 days, recommending noncompliance. Barriers to discharge include behavioral management issues and lack of qualified providers with the skills and resources.

### **Crisis Services**

State to assess its crisis response system and then meet with the IR and the US to discuss plans for restructuring the crisis system to minimize individuals having to leave their homes during a crisis and to limit lengths of stay at the Crisis Respite Homes (ORH)

# Behavioral Health

### **Build Capacity for Supported Housing**

Unified referral strategy i.e. education and outreach to providers, stakeholders, and target population regarding housing options at the point of referral

Provisions for *education* and *outreach* to all Need coordinated referral strategy for subpopulations

### **Build Capacity for Supported Housing**

Maximization of the Georgia Housing Voucher Program Need data that provide information about available resources and indicate GHVs are maximized in proportion to available resources

Effective utilization of available housing resources (such as Section 811 and public housing authorities) There is not sufficient information to determine if utilization is effective.

### **Build Capacity for Supported Housing**

Coordination of available state resources and state agencies. Department of Corrections Department of Community Supervision (Parole and **Probation**) Jails or the Criminal Justice Coordinating Council (CJCC) Chamber of Commerce (Chronic Homelessness) Department of Community Health (Hospital Emergency Room Usage)