

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

Findings from Independent Reviewer

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Intellectual/Developmental Disability (IDD)

Where do We Still Need to Improve?

Status of Transitions of Individuals with DD from State Hospitals

- ...the State to provide “needed” services and supports to individuals with DD in the community.
 - Substantial gaps in the provision of **behavioral supports** and **clinical assessments** for 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 individual’s overall quality of life.

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- ...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.***

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- ...the State to revise and implement the roles and responsibilities of Support Coordinators. ...the State to oversee and monitor that Support Coordinators develop ISPs, monitor the implementation of the ISPs, recognize each individual's needs and risks, promote community integration, and help the individual gain access to needed services and supports.
 - The State did not report on monitoring the development of ISP; delays in processing of STAR requests (process to request new or expansion services)
 - SC's are unable to fully comply with their role until this issue has been resolved. Therefore this will require much attention for the next reporting period.

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- ...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

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- The State is to ensure that Support Coordinators have no more than 40 individuals on their caseloads and that Intensive Support Coordinators have no more than 20 individuals on their caseloads.
 -reported compliance below 90% for three out of seven agencies (43%). Caseload size must be in compliance for each agency.

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- ...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 individual's 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

SUPPORT COORDINATION FOR INDIVIDUALS WITH DD

- ...State shall require all of its support coordination agencies and contracted providers serving individuals with DD in the community to develop ***internal risk management*** and ***quality improvement programs*** in the following areas...
 - Performance in the areas of ISP development and approval, timely processing of STAR requests and the effective operation of the critical incident management system will be reviewed during next reporting period
 - A recommendation of Compliance or Non-Compliance is deferred

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.
 - “Additional 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 IR's consultant in behavioral analysis found serious shortcomings in his onsite reviews of nine individuals with DD who had experienced encounters with law enforcement.
 -at least eight out of nine individuals (89%) with encounters with law enforcement would likely benefit from positive behavioral programming and supports implemented within their homes or residential programs.

Crisis Services

- ...the State to provide individuals living in the Crisis Respite Home's (CRH) with additional clinical oversight and intervention per the EA's Statewide Clinical Oversight provisions. ...the State is required to create a monthly list of individuals in the CRHs for 30 days or longer with data on lengths of stay, reasons for entry to the CRH, and barriers to discharge.
 - ...30 of the 39 individuals (77%) currently residing in a CRH have been there for more than 30 days, recommending non-compliance. 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 (CRH)
 - Inadequate remedial action implemented to reduce the lengths of stay in CRH's.

Behavioral Health

Where do We Still Need to Improve?

Supported Housing

- Supported Housing is assistance, including psychosocial support, provided to persons with SPMI to assist them in attaining and maintaining safe and affordable housing and support their integration into the community. Supported Housing includes integrated permanent housing with tenancy rights, linked with flexible community-based services that are available to consumers when they need them, but are not mandated as a condition of tenancy. Supported Housing is available to anyone in the Target Population, even if he or she is not receiving services through DBHDD network.

Build Capacity for Supported Housing (SH)

Supported Housing

- Deficits in coordination of a systemic pathways for the target population
- ...the target population “is not being met at this time because the services provided to individuals are not flexible and accessible when individuals need them, i.e. pre-tenancy phase of Supported Housing

Target populations (TP)

- 9,000 individuals with SPMI
 - State Hospitals
 - Emergency Departments
 - Chronic Homelessness
 - Returning Citizens
 - Forensic Status

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 sub-populations

Build Capacity for Supported Housing

- Statewide determination of need for SH, i.e. developing a tool to assess need, forming an advisory committee to oversee the needs assessment, developing curriculum to train assessors, analyzing and reporting statewide data
 - Cannot be in compliance until all the Target Populations' need for housing is assessed, individuals are being referred, and the referral process is meeting requirements.

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)