

**Georgia Department of  
Behavioral Health &  
Developmental Disabilities**

**2013  
Agency Guide**



**DBHDD**

Visit us on the web at <http://dbhdd.georgia.gov>



Help is available 24/7 for problems with mental health, drugs, or alcohol.



**DBHDD**

*Frank W. Berry  
Commissioner*



***Vision***

Every person who participates in our services leads a satisfying, independent life with dignity and respect.

***Mission***

Provide and promote local accessibility and choice of services and programs for individuals, families, and communities through partnerships in order to create a sustainable, self-sufficient and resilient life in the community.

***Values***

- ◆ Respect
- ◆ Inclusion
- ◆ Transparency

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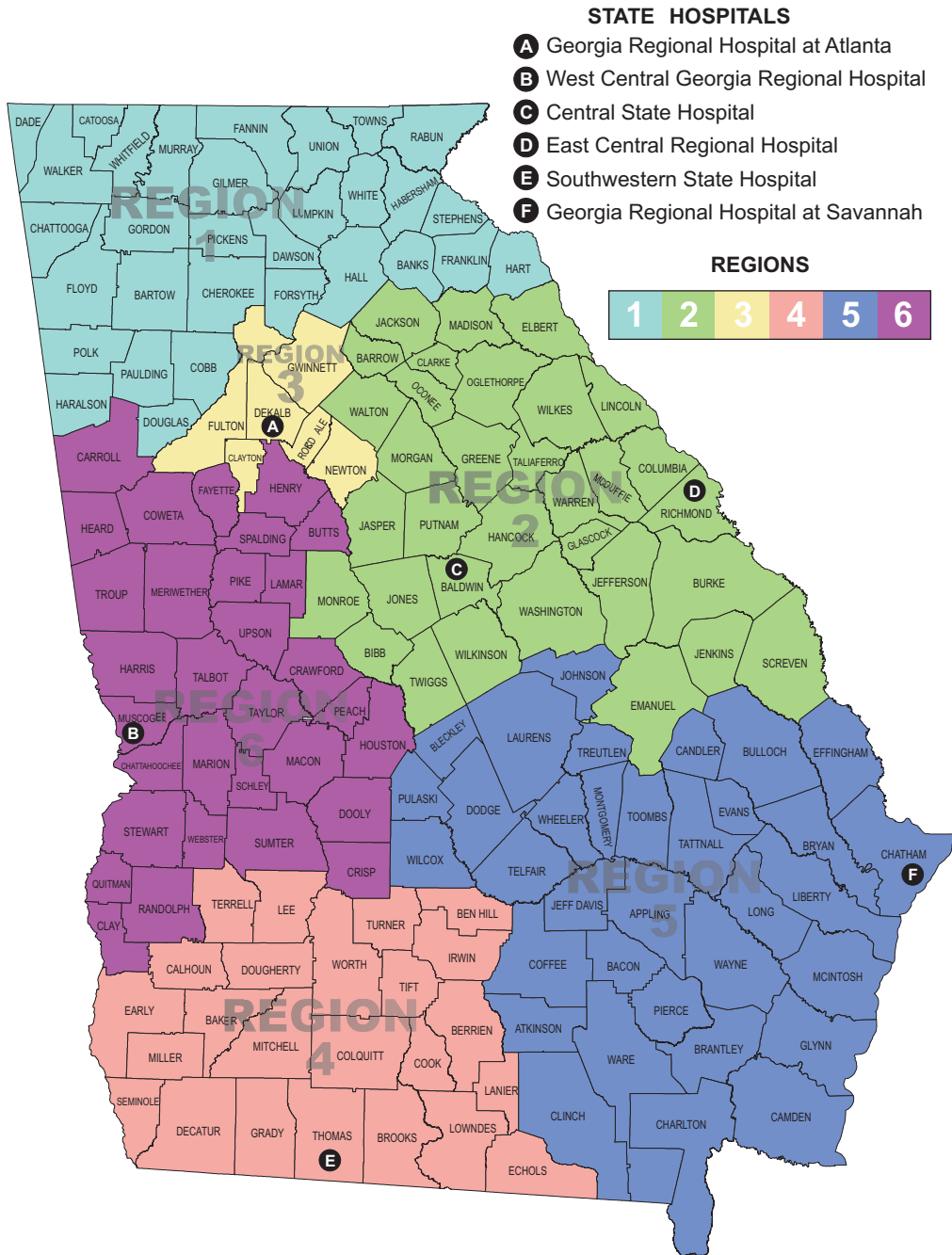
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# Regional Map



## Message from Commissioner Frank W. Berry

Three years ago, the Department of Behavioral Health and Developmental Disabilities (DBHDD) was established to address the needs of Georgians. The foundation was laid to build a new organization dedicated to providing easy access to high quality service and assisting people in living a life of recovery and independence. We are proud of the progress that has been made and many of you had a hand in making the vision become a reality. With your help, more people with mental illness and addictive diseases have reached and sustained recovery while Georgians with developmental disabilities have been given the opportunity to live independently.

As I lead DBHDD toward the next phase of growth, we need the support of partners like you in order to continue our mission of improving access to high quality care, making living an independent full life truly sustainable. Together, we will focus on strengthening partnerships and holding each other accountable.

Through serving the great state of Georgia, I have had the opportunity to meet many of you. I look forward to working with you to accomplish even more as we look toward the future together.

Frank W. Berry  
Commissioner

## DBHDD Strategic Priorities

In FY '13, DBHDD will be:

- ◆ Strengthening **communication** with consumers, families, advocates, and providers; empowering Georgians with information that will support choosing the best quality care to lead an independent life;
- ◆ Establishing **accountability** expectations for state and community based providers to ensure all Georgians have access to quality healthcare services and alternatives to institutions;
- ◆ Promoting **recovery** based approach to coordinated, comprehensive cost effective healthcare;
- ◆ Maximizing **university partnerships** that promote quality of treatment and care, and research to advance science specifically associated with DBHDD;
- ◆ Providing support and resources to providers to ensure a **viable safety net** in Georgia that continues community based care focused on independence and recovery; and
- ◆ Developing policies and practices that demonstrate progress toward CRIPA and ADA **compliance**.

## DBHDD Legislative Priorities

- ◆ Take an active role in legislation or policy that supports agency progress toward successful community-based care.
- ◆ Advocate for continued funding to fulfill the mission of providing easy access to high quality care while helping Georgians live a life of recovery and independence.

## Recent Accomplishments

- ◆ Developed a Memorandum of Understanding with the Georgia Department of Vocational Rehabilitation for coordinated delivery of supported employment services.
- ◆ Coordinated efforts with the Department of Community Affairs (DCA) to prioritize Housing Choice Vouchers (Section 8) for Settlement Agreement individuals. The partnership between DCA and DBHDD will result in nearly 2,000 additional supported housing opportunities.
- ◆ Developed a curriculum to teach Certified Peer Specialists (CPS) about evidence-based Supported Employment practices. Sixty-five Certified Peer Specialists were trained with this curriculum, which will also be used for Georgia's CPS Continuing Education and the Peer Specialist certification training.
- ◆ Launched a statewide Community Based Services Awareness Initiative.
- ◆ Fifty-seven percent of the calls made to the Georgia Crisis Access Line (GCAL) were crisis calls. Of these, 48 percent resulted in Mobile Crisis Team Dispatches and 71 percent of these dispatches resulted in crisis being resolved.
- ◆ Received the SAMHSA Partnership for Success Grant II in the amount of \$2. million to build on existing prescription drug abuse prevention activities. The services and strategies will focus on three high-need counties: Catoosa, Early, and Gwinnett.
- ◆ Created the first Prevention Clubhouse to serve high-risk youth between the ages of 12-17 years of age. They receive various services (mentoring, education, employment) and participate in recreational activities in a safe environment.
- ◆ Launched the first residential treatment program for individuals who are deaf or hard of hearing with substance use disorders. The program is located in Metro Atlanta.
- ◆ Decreased the waiting list for forensic admission to a state hospital from over 100 individuals to less than 30 individuals.
- ◆ Expanded the forensic program by adding 40 new beds at Georgia Regional Hospital in Savannah.
- ◆ DBHDD's hospitals have maintained inpatient census around 310 and stopped the practice of diversion.

## Recent Accomplishments

In 2012, the Georgia Department of Behavioral Health Developmental Disabilities:

- ◆ Completed its second year of a five-year plan to dramatically expand community services for people with mental illness and developmental disabilities. Those changes are set out in a settlement agreement between the State and the U.S. Department of Justice that was signed in October 2010. At the end of FY 12, DBHDD met or exceeded all those commitments:
  - ◆ 650 people statewide were placed in Supported Housing.
  - ◆ 170 individuals received supported employment services.
  - ◆ Assertive Community Treatment (ACT) services increased the number of teams to 20.
  - ◆ Two Community Support Teams were created in rural areas and DBHDD funded 5 Case Managers in FY 12;
  - ◆ Two Intensive Case Management programs opened in FY 12.
  - ◆ An additional Crisis Stabilization Unit was opened on July 1, 2012 in Region 6.
  - ◆ 168 individuals with developmental disabilities were successfully transitioned from state hospitals into the community.
  - ◆ 100 community waivers were provided to help people maintain their community living arrangements.
- ◆ Doubled enrollment of waiver recipients opting to self-direct their waiver services from 898 to 1800.
- ◆ Established 6 Mental Health Clubhouses and implemented a refined Care Management Entity Model providing better coordination of services for more youth with a severe emotional disorder (SED) statewide.
- ◆ Received approval as the first state to use Certified Peer Specialists (CPS) as trained Whole Health and Wellness coaches working within Community Service Boards and other provider agencies. The health-certified CPSs will work with individuals in achieving increased personal health outcomes. This practice has subsequently been recognized by the National Association of State Mental Health Policy Directors and the federal Center for Integrated Healthcare Solutions.

## Settlement Agreement Language

### Civil Rights of Institutionalized Persons Act (CRIPA) Settlement Agreement

In 2007, the United States Department of Justice investigated our then seven state hospitals for alleged violations of the civil rights of patients. The Governor and the DOJ signed a Settlement Agreement on January 15, 2009, resolving all issues under the investigation and the lawsuit filed by DOJ. This agreement is still in effect, and is not changed by the Americans with Disabilities Act Settlement Agreement (see below) with DOJ regarding community services.

The CRIPA Agreement addresses protection from harm; mental health care; seclusion or restraint; medical and nursing care; services to populations with specialized needs; and discharge planning. If State agencies are unable to comply with the Agreement, the DOJ has the right to seek judicial enforcement. The five-year CRIPA Agreement will end when all hospitals (individually) are found to be in substantial compliance with its requirements. DBHDD has retained a team of experts to spearhead its compliance work. New and existing staff are trained and monitored to ensure continuing competency and capacity to implement the CRIPA Agreement. The Department is on schedule with its CRIPA Settlement Agreement Compliance.

### Americans with Disabilities Act (ADA) Settlement Agreement

The DOJ filed a separate lawsuit against the State of Georgia, DBHDD and the Department of Community Health (DCH) in 2010, alleging violations of the ADA. DOJ alleged that Georgia failed to “administer services... in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” The Governor and the two Commissioners signed a Settlement Agreement which was entered by the court on October 29, 2010. This agreement supersedes the Voluntary Compliance Agreement with the U.S. Health and Human Services' Office for Civil Rights under the U.S. Supreme Court Olmstead case.

The ADA Agreement expands community services for two target populations: those with developmental disabilities, and those with mental illness. On July 1, 2011, DBHDD ceased all new hospital admissions due to developmental disabilities. By 2015, the State will create over 600 new waivers to enable persons now hospitalized due to developmental disabilities to move to the community; additionally, the State will create 400 new waivers for people already in the community, who might otherwise require institutional care. Similarly, the State will expand critical community services for approximately 9,000 persons with severe and persistent mental illness. Assertive Community Teams (ACT), community support teams, case management, and an array of crisis services will increase by a schedule which ends in July, 2015. Supported housing beds and supported employment services will increase by a similar schedule. An Independent Reviewer jointly selected by the parties will assess Georgia's implementation of the ADA Agreement.

# Georgia Department of Behavioral Health & Developmental Disabilities

## Who We Are

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is the state agency that focuses solely on policies, programs, and services for people with mental illness, substance use disorders, and developmental disabilities.

Created by the Governor and the General Assembly in 2009, DBHDD began operations on July 1, 2009. We are responsible for most of the activities that were undertaken by the Division of Mental Health, Developmental Disabilities, and Addictive Diseases, which was part of the former Department of Human Resources. In addition, we became responsible for the State Suicide Prevention Program that was previously under the DHR Division of Public Health.

Currently we have approximately 6,500 employees.

Our work is structured in three divisions by disability area: Mental Health, Developmental Disabilities, and Addictive Diseases.

DBHDD operates six regional state hospitals and provides and oversees community-based services across the state.

## What We Do

DBHDD is responsible for policies, programs, and services for people with:

- ◆ Severe and persistent mental illness,
- ◆ Developmental and intellectual disabilities,
- ◆ Substance use disorders,
- ◆ Or a combination of any of these.

The people we serve are most often uninsured or on Medicaid. Very often they have few resources and few options.

In FY 2012 we served more than 188,000 people through our hospital and community-based services, including 156,000 with mental illness, 32,000 with substance abuse use disorders, and 19,527 with developmental disabilities. Many of the services funded by the state are provided by community providers such as local Community Service Boards.

In FY 2012 we admitted 7,044 people to our state hospitals and on any given day served approximately 1,515 people there.

Another distinct population we serve is those who have been found Not Guilty By Reason of Insanity (NGRI) or Incompetent to Stand Trial (IST) by the criminal justice system. These are referred to as “forensic consumers” because they've been placed in our care by the court system. Our role is to treat their underlying condition and, in the case of IST consumers, to restore their

competency so they can stand trial. The courts decide when and if someone is eligible to be released from our care.

## Access

Constituents can access our services through the Georgia Crisis and Access Line (GCAL), which is 1-800-715-4225. GCAL is a statewide, single point of access for all of our services that is available 24-hours a day, 7 days a week, or online at [www.mygcal.com](http://www.mygcal.com). Callers are evaluated to determine if they need immediate counseling. If so, they speak with a clinician immediately. If not, they're referred to local community-based services and an appointment is scheduled for them if appropriate.

People can also access our services through their local Community Service Boards.

## Community-Based Services

In general healthcare, the hospital ideally isn't your first stop when you have an illness and you don't want to stay there any longer than necessary. Just as the emergency room is not the best place for primary care, the same is true for the populations we serve.

The goal of community-based services is to serve people as close to home as possible in the least restrictive setting. Doing so allows them to draw on natural supports, such as family, neighbors, churches, schools, and community activities. It gives them a better chance to maintain the kind of quality of life that all of us want with self-determination and independence.

DBHDD provides and funds a variety of community-based services, including:

- ◆ Treatment through providers such as with Community Service Boards;
- ◆ Mobile Crisis services for adults as well as children and adolescents;
- ◆ Services funded through Medicaid waivers for people with developmental disabilities;
- ◆ Assertive Community Treatment (ACT) teams that can visit those with serious persistent mental illness on a daily basis if needed;
- ◆ Group homes;
- ◆ Crisis Stabilization Units;
- ◆ And many others for all three of the major populations we serve.

## Hospitals

DBHDD operates six regional hospitals located in Atlanta, Milledgeville, Augusta, Columbus, Thomasville, and Savannah. The hospitals offer inpatient services in Adult Mental Health, Forensics, and Developmental Disability programs. They serve as a safety net to support individuals who truly need inpatient level care. The hospitals also provide psychiatric assessments at their Admissions and Temporary Observation Units.