By Electronic and Regular Mail

Frank E. Shelp, Commissioner
Department of Behavioral Health and Developmental Disabilities
2 Peachtree Street, NW, 24th Floor
Atlanta, GA 30303


Dear Commissioner Shelp:

We write to offer the United States’ assessment of the State’s first year under the Settlement Agreement in this matter. We commend your stated commitment to the Agreement, your staff’s embrace of the Agreement, and the State Legislature’s support for the Agreement. We also applaud the State’s determination to work collaboratively with the Independent Reviewer, Elizabeth Jones, to ensure that individuals with disabilities in the Agreement’s target populations live integrated and meaningful lives in the community.

As reflected in the Independent Reviewer’s report, the State had less than nine months to comply with 35 provisions and successfully complied with 31 of them. Report of the Independent Reviewer (Oct. 5, 2011), Doc. No. 131, at 4–10. Of particular note, the State ceased all admissions to the State Hospitals due to a developmental disability; transitioned almost 200 individuals with developmental disabilities from the State Hospitals to community-based settings with Home and Community-Based Services Waivers; brought online 18 Assertive Community Treatment teams and two Intensive Case Management teams; funded 35 psychiatric beds in community hospitals; and developed 100 supported housing vouchers and concomitant bridge funding. Id. These accomplishments are important first steps toward developing a community mental health system that complies with the Agreement, comports with the ADA and Olmstead, and, most importantly, enables individuals in Georgia with a developmental disability or serious and persistent mental illness to live satisfying, independent lives with dignity and respect.

On the four provisions with which the State failed to comply, we expect the State to attain compliance this fiscal year. Ms. Jones identified concerns regarding the choices, supports, and healthcare provided to some individuals with development disabilities in community placements; the State responded by instituting corrective active procedures and will work with Ms. Jones to develop specific outcome measures around community integration. Ms. Jones also identified infrastructure concerns with the Supported Housing and Supported Employment programs; the State has indicated its plans to address prioritization and fidelity in these programs, respectively. Finally, Ms. Jones identified two individuals under the age of 18 still
being served in the State Hospitals who await community placement; we expect that the State will continue to work diligently to develop the appropriate individualized supports to transition these two individuals without unnecessary delay.

We anticipate that the State will build on its early successes as it implements year two of the Agreement. In addition to the numerical targets specified in the Agreement, Ms. Jones will review samples of individuals with serious and persistent mental illness, similar to her sample reviews of individuals with developmental disabilities. These reviews provide a window into how the State’s systemic efforts are affecting the day-to-day lives of individuals in the Agreement’s target populations. Moreover, the State’s Quality Management system due online this fiscal year will allow the State’s systems to monitor, evaluate, and correct themselves on important issues such as program capacity, program fidelity, and program outcomes. We hope that the State will continue its collaborative involvement with Ms. Jones, which worked so well in year one, and will deepen its involvement with stakeholders as it continues to learn and unlearn lessons in implementation. As noted by Ms. Jones, change takes time, but Georgia has taken important first steps toward attaining compliance with the terms of the Agreement by the Agreement’s anticipated completion date.

Sincerely,

Jonathan M. Smith
Chief
Special Litigation Section

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