# Georgia

## Innovations

- Investigative reporting series leading to federal investigations of hospitals
- Georgia Crisis and Access Line
- Use of Medicaid funds for peer support specialists

## Urgent Needs

- Strong leadership by governor and legislature
- Improve patient care and safety in hospitals
- Increase access to community-based services
- Employ evidence-based practices that meet fidelity standards

## Consumer and Family Comments

- *"Our local [center] is wonderful—they care so much. But they are only given limited funds, limited personnel, limited tools. Our state does not reimburse them for many recovery based services. I do not know how our local providers remain upbeat when they are so beaten up . . . They are in their jobs because of their passion, certainly not for the money."*
- *"The system where I live works well for you when you are well, but I have my doubts as to how well it will work when I'm sick and can't advocate assertively for myself."*
- *"When things are going well . . . we have the local mental health facility available to us. But during crisis times . . . we have no one to turn to. He either ends up arrested . . . or we go through the horrible agony of having him committed to the hospital . . . As a family, we feel there is no hope for us."*

In 2006, Georgia's mental health system received a D. Three years later, it again receives a D. Even a D, however, cannot fully convey the horrendous scandal that has scarred the state, with consequences that are still unfolding.

On-going deficiencies in both inpatient and community-based services were blown-open in 2007 when an investigative series by the *Atlanta Journal-Constitution* revealed that over a five-year period, approximately 115 people in Georgia's seven state hospitals had died under suspicious circumstances, part of a broad pattern of inadequate care, neglect, and abuse.

The reporting led to investigations by the U.S. Department of Justice and federal Center on Medicare and Medicaid Services that found deficiencies and dangerous conditions in hospital psychiatric care, in part because of Georgia's lack of community services, which has contributed to the strain on hospitals. In January 2009, a legal settlement was reached, in which the state agreed to improve inpatient conditions. It remains to be seen whether this will truly happen.

Oversight of the mental health care system may change as a result of the state hospital scandal and ensuing state reviews. Governor Sonny Perdue's taskforce recommended a major restructuring of the Department of Human Resources that would give a new cabinet-level Department of Behavioral Health Services full responsibility for funding and implementation of mental health and substance abuse services. The proposal awaits legislative approval. While reorganization can be helpful, it will not—by itself—solve deeply-rooted problems or overcome insufficient services.

Despite its significant problems, Georgia has some important strengths. It is one of the leading states supporting police Crisis Intervention Teams (CIT). It has developed the capacity to link people to crisis services statewide by providing 24/7 live telephone response through the Georgia Crisis and Access Line (GCAL). The state was also an early supporter of peer support specialists, which are reimbursable through Medicaid, provided funding is maintained.

In response to the hospital scandals, the state passed legislation authorizing an ombudsman to investigate complaints and monitor safety issues in the mental health care system, although the legislature has not yet funded the office. Georgia also signed a voluntary Olmstead Compliance Agreement in 2008 to aid transition from institutional to community-based care. Both systems are in crisis because of budgetary restrictions, inpatient workforce shortages, and insufficient community resources needed to provide a continuum of care.

State budget cuts have decimated the community mental health care system. In 2008, the legislature invested approximately $11 million in additional funds for community mental health services; however, the executive branch shifted $8 million of the investment to unrelated children's services. Historically, Georgia has lacked proper oversight of community services and does not employ any fidelity measures for evidence-based practices. It has very little information regarding the number of programs or people served in the state, contributing to its deficiency in overall accountability.

Georgia has a diverse and growing population. It needs greater cultural competence and service access in rural areas. Access to psychiatric medications is restricted under the Medicaid program. The state has one of the strictest and most difficult prior authorization policies in the country. Providers and consumers complain about burdensome procedures to obtain appropriate treatment and services needed to maintain stability.

National and state-level economic woes have compounded a history of poor performance to create much uncertainty in Georgia today. Even though there appears to be sincere interest among top leadership in the state to address the myriad of problems in the mental health system, goodwill and departmental reorganization alone will not transform the system. Sustained leadership, political foresight and commitment, and significant investment of resources are greatly needed.