

NAMI/DHR MENTAL HEALTH SUMMIT

(December 28, 2007)

Crisis Services Committee Report Summary

The following items are a summary of the recommendations of this committee for implementation that will require additional funding and programmatic changes within the next 12-18 months:

1. Increased funding for five (5) additional 'ACT' teams while maintaining the fidelity of the existing operational units.
 2. Add additional mobile crisis teams to ensure adequate services across the state while developing accountability and funding support.
 3. Develop additional 'Crisis Stabilization Programs' (CSP) across the state where needed and increase funding supports for existing programs plus implement increased daily reimbursement rates for CSP services which are currently inadequate. Recommendations for programmatic changes or procedures
- DMHDDAD develop and implement a program of 'Intense Recovery Supports (Residential), for high usage consumers.
 - DMHDDAD develop and implement 'Community Individual Recovery Plans' (IRPs) with consumers prior to release. ISP should promote recovery and the greatest independence possible.
 - Expand and promote 'PEER Supports' statewide.
 - DMHDDAD and NAMI establish a work group of Ga. Hospital Assoc., CIT, ERs, APS, and other collaborators to develop methods of working and sharing data and improving outcomes.
 - DMHDDAD, NAMI and legislators develop and implement 'Psychiatric Advance Directives' (PAD).
 - DMHDDAD, NAMI, & GHA develop psychiatric protocol for ERs for statewide use.
 - DMHDDAD, NAMI, & law enforcement develop statewide protocol for responding to citizens with mental health crisis.
 - DMHDDAD, NAMI, law enforcement support continued 'CIT' training using the 'Memphis Model' as the Georgia protocol.