



Behavioral Health Coordinating Council Meeting Minutes

SEPTEMBER 24, 2014

10:00 AM

BOARD ROOM 24-260

MEETING CALLED BY	Commissioner Frank Berry at approximately 10:00 a.m.	
FACILITATOR	Commissioner Frank W. Berry	
NOTE TAKER	Tracy Gamble	
EXECUTIVE COMMITTEE MEMBERS PRESENT	Commissioner Frank Berry (DBHDD) Brenda Fitzgerald (DPH) Commissioner Keith Horton (DHS) Commissioner Brian Owens (DOC) Commissioner Clyde Reese (DCH)	State Representative Katie Dempsey Ombudsman Corinna Magelund (ODSO) Stanley Jones (family representative) Diane Reeder (parent representative) Via Phone: Commissioner Gretchen Corbin (DCA) Julie Spores (consumer representative)

AGENDA

CALL TO ORDER	COMMISSIONER FRANK BERRY
DISCUSSION	Commissioner Frank Berry called the Behavioral Health Coordinating Council meeting to order at approximately 10:00 a.m.
CONCLUSIONS	There was no action taken.

ACTION ITEMS

APPROVAL OF JUNE 25, 2014 MINUTES	COMMISSIONER FRANK BERRY
DISCUSSION	Commissioner Berry requested a motion to approve the June 25, 2014 BHCC Committee meeting minutes. Albert Murray (State Board of Pardons and Paroles) made a motion to approve the June 25, 2014 minutes. The motion was seconded by Commissioner Horton.
CONCLUSIONS	The June 25, 2014 BHCC Committee meeting minutes were unanimously approved.

RECOVERY PRESENTATION	ALFRED BROOKS, II, OUTREACH COORDINATOR MENTAL HEALTH AMERICA OF GEORGIA RESPECT INSTITUTE
DISCUSSION	<p>Alfred Brooks reported that over 600 speakers have graduated from the RESPECT Institute. Brooks thanked the council for giving RESPECT graduates the opportunity to share their recovery experiences. He said the speakers walk away more empowered, and every year there is more momentum for the program.</p> <p>Brooks introduced Crystal McKenzie, RESPECT graduate from Community Friendship. McKenzie told the council that she always wanted more than she had and found unscrupulous ways to acquire the material things that she wanted. She indulged in drugs and struggled with mental illness. She had a difficult time forming relationships and became deeply depressed. She was introduced to vocational rehabilitation 22 years ago</p>

and has made many strides toward her recovery. She is proud to have achieved 22 years of sobriety. McKenzie thanked the council for giving her and others the opportunity to share their stories of recovery.

CONCLUSIONS

There was no action taken.

Interagency Directors Team

**Dawn Morgan, Director
DBHDD Federal Funded Program**

DISCUSSION

The Interagency Directors Team's (IDT) fiscal year 2014 strategic planning goal focused on young people with Attention Deficit Hyperactivity Disorder (ADHD). The team partnered with the Centers for Disease Control and Prevention (CDC) to obtain data and make recommendations for building capacity to help treat children with behavioral disorders.

Dawn Morgan introduced Dr. Illena Arias and Dr. Susanna Visser of the CDC to present on ADHD among Georgia toddlers and preschoolers.

Dr. Illena Arias, principal deputy director, CDC

Dr. Arias serves as the principal advisor to the director on all scientific and programmatic activities at the CDC.

Dr. Susanna Visser, lead epidemiologist of child development studies, CDC

Dr. Visser directs the ADHD program at the National Center of Birth Defect and Developmental Disabilities at the CDC. In this role, she investigates national trends in ADHD diagnosis and treatment. She has been working with the IDT over the past year to better understand the patterns of ADHD diagnosis and treatment in Georgia. Dr. Visser presented the results of their work last summer at the Georgia System of Care conference sponsored by IDT.

Dr. Arias reported that ADHD is a high priority for the CDC, which provides information, tools and resources for entities that make decisions, such as state agencies and local organizations. Over the past year, the CDC has worked with the IDT to better understand the diagnosis and treatment of ADHD in Georgia. Diagnosed in more than 6.4 million children in across the country, it is estimated that ADHD costs \$38 to 72 billion annually due to lost proactivity and health, education and judicial expenses. More than 11,000 toddlers and preschoolers in the Georgia Medicaid program are currently being managed for ADHD. Children at environmental risk are particularly likely to be diagnosed with ADHD, including more than more than 30% of kids age 2 to 12 in foster care and adoption assistance.

According to Arias, behavioral problems among children on Medicaid are particularly common nationwide, and medication can be a part of the solution. However, preschoolers treated with ADHD medications are more likely to experience side effects such as sleep problems, lethargy, emotional ability, increased blood pressure and an elevated heart rate. Long-term effects are still being discovered. Because of these concerns about the negative consequences of medication during childhood and in adulthood, the American Academy of Pediatrics and the American Academy of Child Adolescent Psychiatry changed their recommendations and advise behavioral health treatment as a first resort for preschoolers with ADHD. Children who receive behavioral health therapy at an early age use less medication when they get older. This results in better outcomes for the kids and is more cost effective for the health care system.

CDC data shows that more than 50 percent of Georgia preschoolers on Medicaid may not be receiving this recommended first-time treatment for ADHD. The CDC would like to

CONCLUSIONS

work with the IDT to pioneer the development and evaluation of policies that could increase the provision of best practices for kids diagnosed with ADHD.

Dr. Visser presented additional information and answered questions from the council members.

There was no action taken.

TRANSITION CARE WORK GROUP UPDATE

**TERRI TIMBERLAKE, DIRECTOR
DBHDD ADULT MENTAL HEALTH**

Terri Timberlake provided the following update on the work of the Transition Care Work Group.

As of September 2014, the Department of Corrections reported that the total number of incarcerated people in Georgia is 54,904. Of that number, 9,055 (16%) have a mental health diagnosis. These individuals are categorized by severity of condition (ascending from least to most severe):

- Level 2: 7,161
- Level 3: 1,555
- Level 4: 339

The workgroup looked at anti-stigma curricula developed by the Foundation for Mental Health, the Substance Abuse and Mental Health Services Administration and the Mental Health Connection to incorporate into all state agencies' training programs in an effort to increase awareness about issues related to stigma.

The Department of Corrections' community transition re-entry specialists have begun training to help deliver the supports that individuals need to complete their entitlement benefits applications after being released from prison.

Many of the state agencies represented in the workgroup have partnered with the Georgia Mental Health Consumer Network and the RESPECT Institute to include RESPECT graduates as presenters in employee training sessions.

agencies and those agencies have begun to have a graduate from the RESPECT Institute come and share their stories of recovery.

DISCUSSION

CONCLUSION

There was no action taken.

COMMISSIONER FRANK BERRY

Commissioner Berry reported on the following:

- Alternative Courts: more people are now able to access treatment through the accountability court system.
- Gracewood: DBHDD submitted a corrective action plan to CMS. Weekly briefing and updates are received on weekly basis. (ICFMR campus only.)
- Administrative Services Organization: The contract was awarded to ValueOptions, which will work with DBHDD to implement the new service administration model.

DISCUSSION


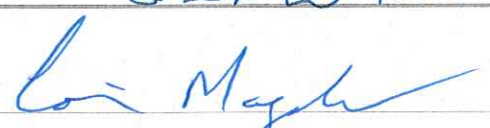
	Judy Fitzgerald, DBHDD's chief of staff, added that the department has a long term partnership with ValueOptions. She said the process is about providing services to people and improving efficiency. The department will be transparent throughout the process.
CONCLUSION	There was no action taken.

ADJOURNMENT	Commissioner Berry called for a motion to adjourn the meeting. Stan Jones made a motion to adjourn the September 24, 2014 BHCC Committee meeting. The motion was seconded by Commissioner Fitzgerald, and the meeting was adjourned at 11:35 a.m.
SPECIAL NOTES	The next scheduled meeting of the Behavioral Health Coordinating Council is December 17, 2014.

RESPECTFULLY SUBMITTED BY

TRACY GAMBLE

SIGNATURES

	CHAIR
	SECRETARY